

Name
in
Full

Geo. Andrew Babel

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 190	Month 3	Day 15	Age 57	Years 11	Months 8 Days
Sex	Male	Color or Race	White	Birth- place	Baravia, Ger.
Married, Single or Widowed	married	Occupation	Retired Blacksmith		
Name of Wife or <u>Husband</u>	Mary Kalb.				
Father's Name	John Christian Babel	Father's Birthplace	Baravia, Ger.		
Mother's Maiden Name	Unknown	Mother's Birthplace	Germany		
Name of person giving Information	Geo. Mary Kalb Babel	Now related to deceased	wife		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Cardiac Hypertrophy	How long	about 2 years
Immediate	Dilatation left ventricle	How long	2 or 3 months.

Are the name, age, sex, color, date
and place correctly given above?

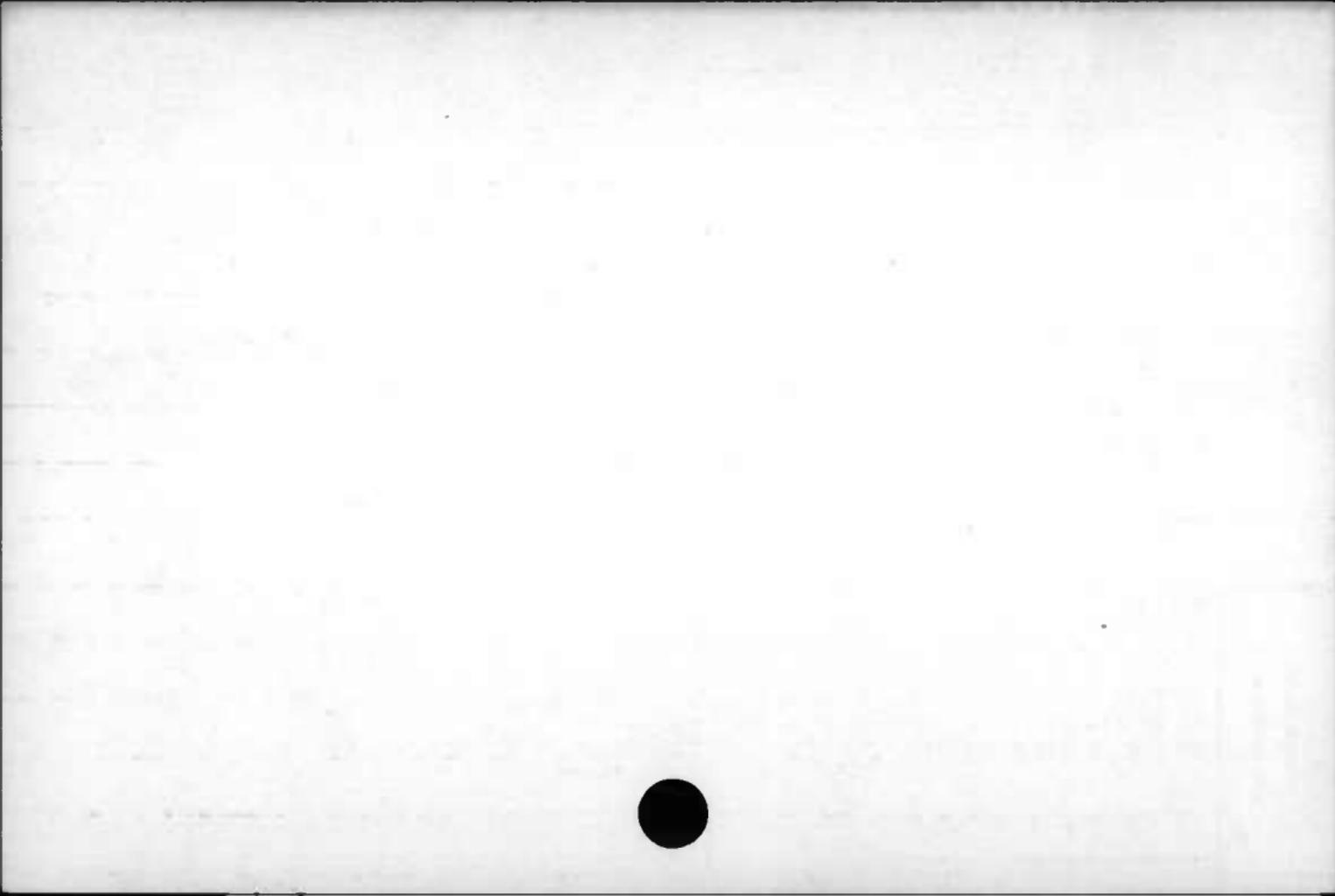
Signature of
Physician

Address

Sabinek MD

176 2nd St.

Accident or Suicide?



Name
in
Full

Roy Ben Berger

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	Baltimore		County	Frederick		
Date of death	Month	Day	Years	Age	Months	Days	
1909	12	14	1	1	1	13	
Sex	Boy	Color or Race	white	Birth-place	Baltimore		
Occupation	None	Where Residing if not at place of death					
Married, Single or Widowed	Single	Name or Wife or Husband		Father's Name	William P. Berger		
Father's Birthplace	m d	Mother's Maiden Name	Golden M Kern 93	Mother's Birthplace	m d.		
Name of person giving Information	William P Berger	How related to deceased	Father				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Pneumonia

How long

3 days

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

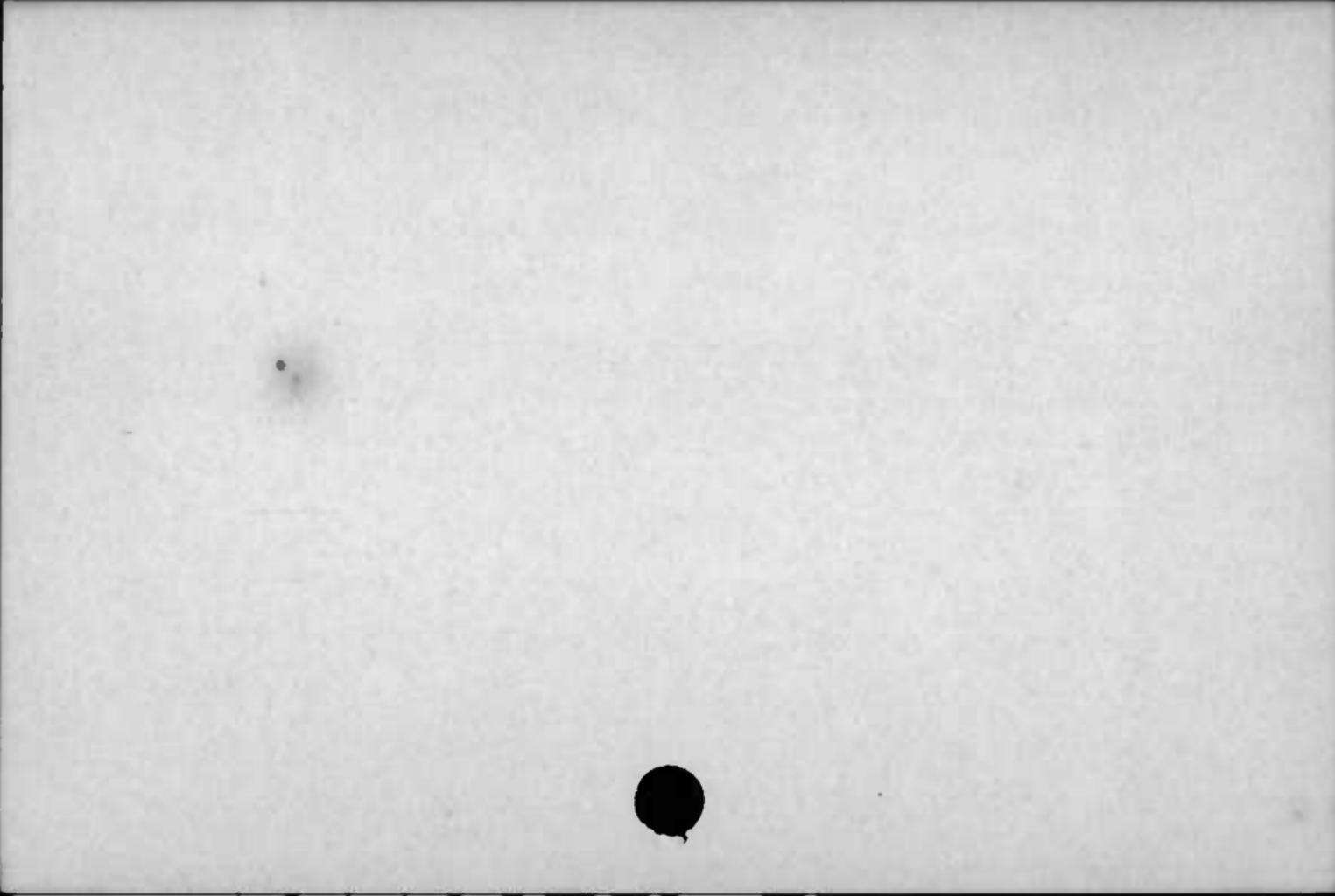
Signature of Physician

H S Hedges

Baltimore Md

Address

Accident or Suicide?



Marion Albestus Barnes

Town

County

MARYLAND

Died at

Near Seagoville

Frederick

Month Day

Y. M. D.

Native of

Occupation

Date 1903

Dec. 15

Age 23-6-14

Md.

Farmer

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband
of

Wife

X

Father's

Name

Samuel J. Barnes

Mother's

Maiden Name

Eileen V. Kehler

Cause of

Primary

General Tuberculosis

How long sick

About 2 years

Death

Immediate

Asthenia

Accident, Suicide, Homicide

Reported by

J.O. Hendrix, M.D.,
Frederick, Md.



Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Clara Louise Beard

CERTIFICATE OF DEATH

TO BE ANSWERED BY

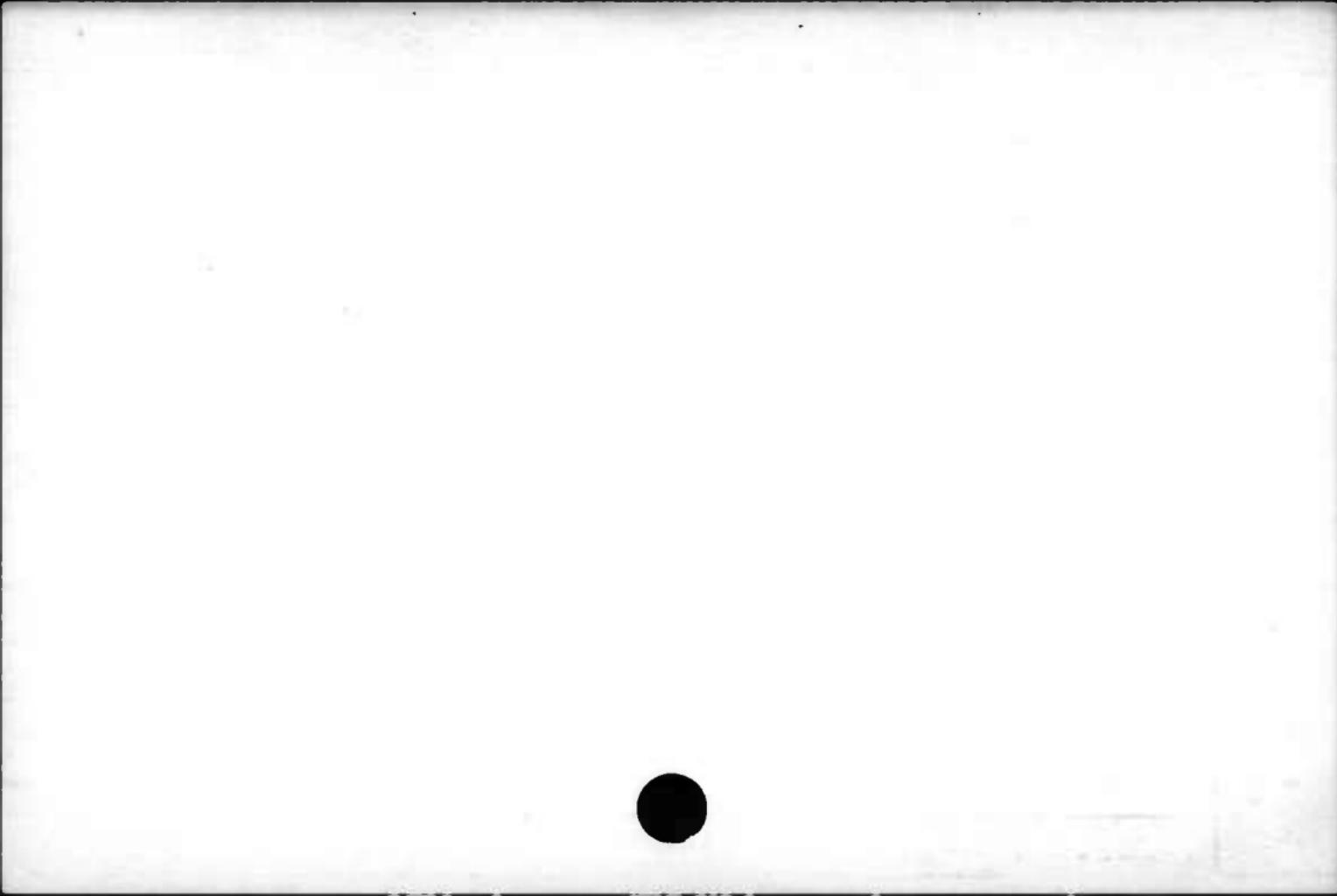
NEAREST FRIEND

Died at	Town	County		MARYLAND		
Died at	Thurmont	Frederick				
Date of death	Month	Day	Years	Months	Days	
1903	Dec	22	20	0	10	
Sex	female	Color or Race	white	Birth-place	Fred'k Co. Md.	
Married, Single or Widowed	single	Occupation				
Name of Wife or Husband						
Father's Name	Samuel Beard	3	Father's Birthplace			Fred'k Co. Md.
Mother's Maiden Name	Moriah Victoria Lightner		Mother's Birthplace			" "
Name of person giving information					How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Post Partum fever	How long	swells.
Immediate	Acute Septic Peritonitis	How long	5 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Morris A. Bixby M.D.
yes		Address	Thurmont, Md.
Accident or Suicide?			



Name
in
Full

Augustus L Boeler

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days
1903	12	24	67.	x	x
Sex	Male	Color or Race	White	Birth-place	Boeler -
Occupation	Retired			Where Residing if not at place of death	x
Married, Single or Widowed	Name of Wife or Husband			Boeler	
Father's Name	Henry Boeler			Father's Birthplace	Bo
Mother's Maiden Name	Mrs Ann R. Levy - ✓			Mother's Birthplace	Bo
Name of person giving information	Wife -			How related to deceased	x

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Tuberculosis		How long	40 years -
Immediate	Exhaustion -		How long	x
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	Franklin Buchanan
			Address	215 -
Accident or Suicide?				



Name
in
Full

Catherine Boyer

CERTIFICATE OF DEATH

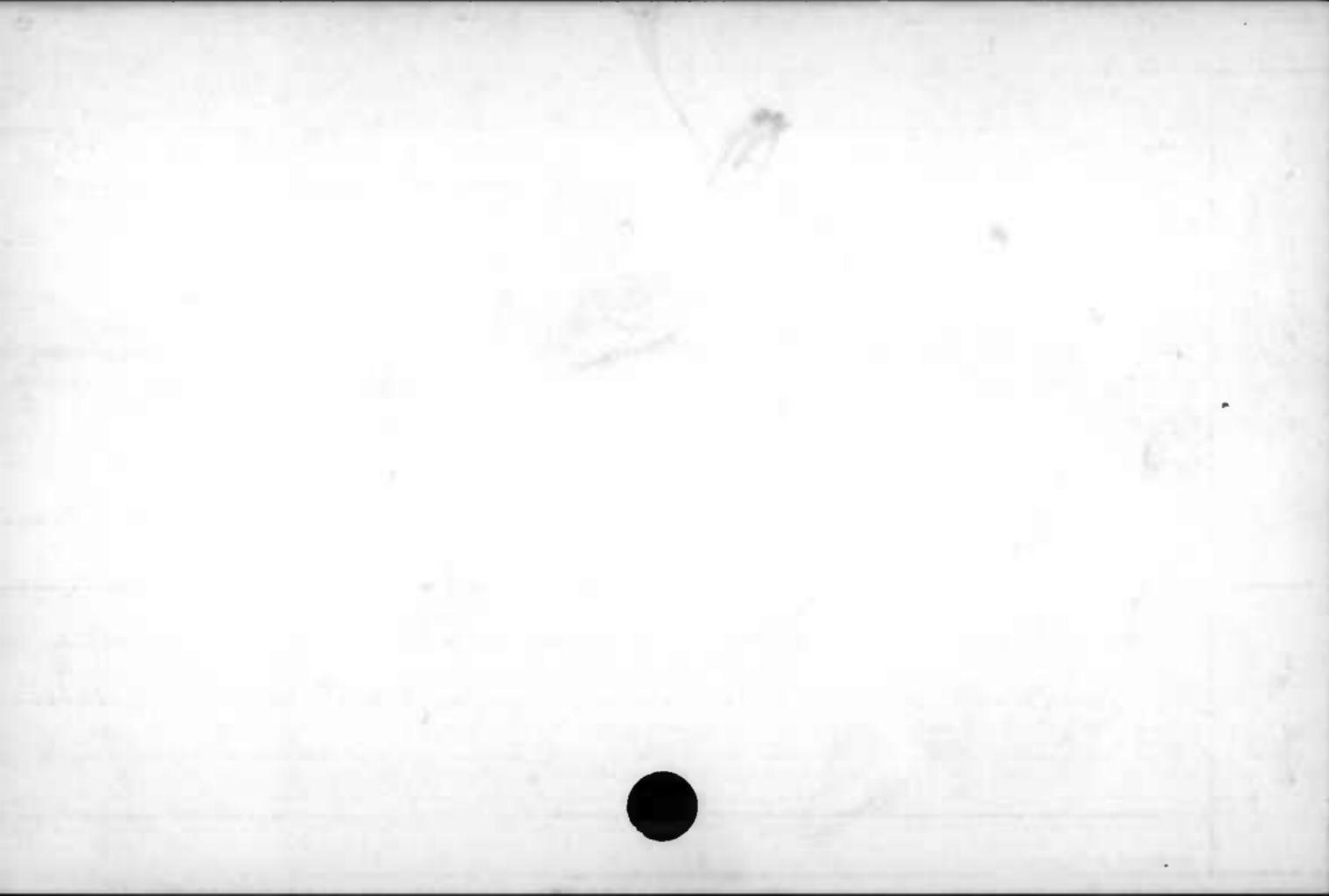
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth-place		
Married, Single or Widowed	Occupation				
Name of Wife or Husband					
Father's Name	Solomon Boyer		Father's Birthplace	Md.	
Mother's Maiden Name	Susan Brummet		Mother's Birthplace	Md.	
Name of person giving Information	John Kiphart		How related to deceased	Brother in law	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Tuberculosis	How long	1 year
Immediate	Heart failure	How long	in
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Louis West
		Address	Brunswick
Accident or Suicide?			



Name
in
Full

John Brugle

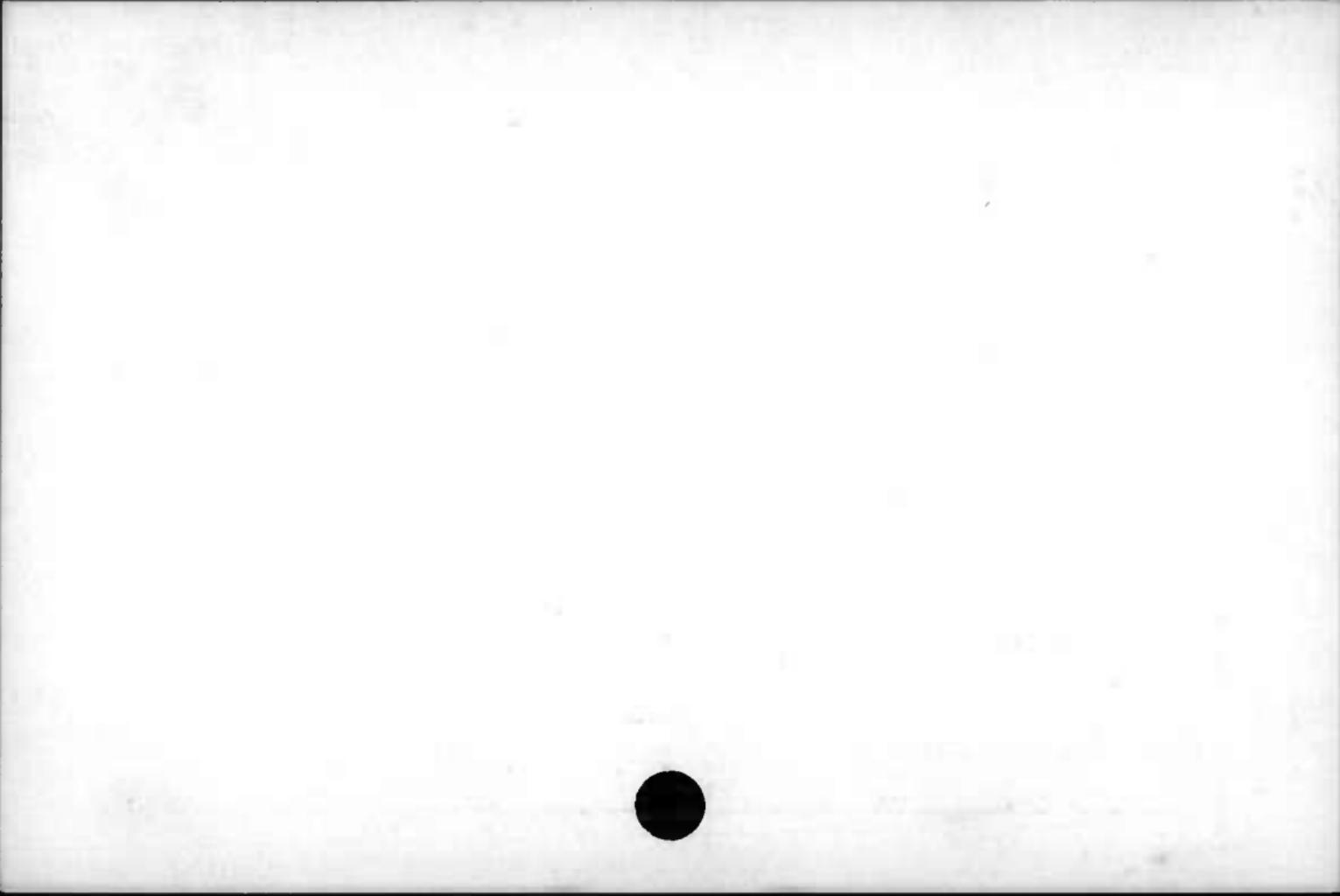
To BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at Indiana		Town	Indiana		County	MARYLAND		
Date of death 1903	Month Dec	Day 22	Age 66	Years	Months 1	Days 14		
Sex Male	Color or Race white	Occupation Farmer.	Birth-place Indiana Co Md					
Married, Single or Widowed Single								
Name of Wife or Husband								
Father's Name Daniel Brugle				Father's Birthplace Indiana Co Md				
Mother's Maiden Name Caroline Thomas.				Mother's Birthplace Indiana Co Md				
Name of person giving Information Mrs Wm J. Miller				How related to deceased Sister				

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary Disease Anæmia	How long One or five months
	Immediate Heart Failure	How long A few days
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician J. M. Johnson
		Address [Redacted] Indiana Co Md.
Accident or Suicide?		



Name
in
Full

37

Albert Breyer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at New MarketCounty
Frederick

MARYLAND

Date
of death 1903Month
12Day
25Age
73

Months

Days

Sex MaleColor or
Race whiteBirth-
place Maryland.Married, Single
or Widowed Single

Occupation

FarmerName of Wife or
Husband Father's
Name Adam BreyerFather's
Birthplace MdMother's
Maiden Name — JacobsMother's
Birthplace MdName of person giving
Information Ernest BreyerHow related
to deceased nephew

CAUSES OF DEATH

Primary

Cancer of Liver

How long

6 mos.

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?yesSignature of
Physician N.H. Hopkins Jr.

Address

New Market,
Maryland.

Accident or Suicide?

No



Name in Full

Certificate of Death

Willie Brantley

TOWN

County

Died at

MARYLAND

	Month	Day	Y.	M.	D.	Native of	Occupation
Date 1893	12	13	17	6	15	Orchardick	18 months
Male	White	Married		Widow	Divorced		
Female	Galated	Singler		Widower	Number of children living		7

Husband of Gerty Bunner
Wife C. A. Bunner
Father's Name John Bunner Mother's Name John Bunner

Cause of Death	Primary	<u>Boil of Stomach</u>	How long sick	<u>10 weeks</u>
	Immediate	<u>Heart Failure</u>	Accident Suicide, Homicide	

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Entered Dec 1st

" at Not Objet

B. J. Rice & Sons

Name
in
Full

Lawson Butler

35

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1903	Month Dec	Years 65	Months	Days	
Sex Male	Color or Race Colored	Birth-place Md.			
Married, Single or Widowed Widower	Occupation Laborer				
Name of Wife or Husband					
Father's Name Don't Know	Father's Birthplace				
Mother's Maiden Name Lettie Butler	Mother's Birthplace				
Name of person giving information Harry Rose	How related to deceased Son-in-law				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Strangulation by hanging	How long
Immediate		How long

Are the name, age, sex, color, date and place correctly given above?

yes

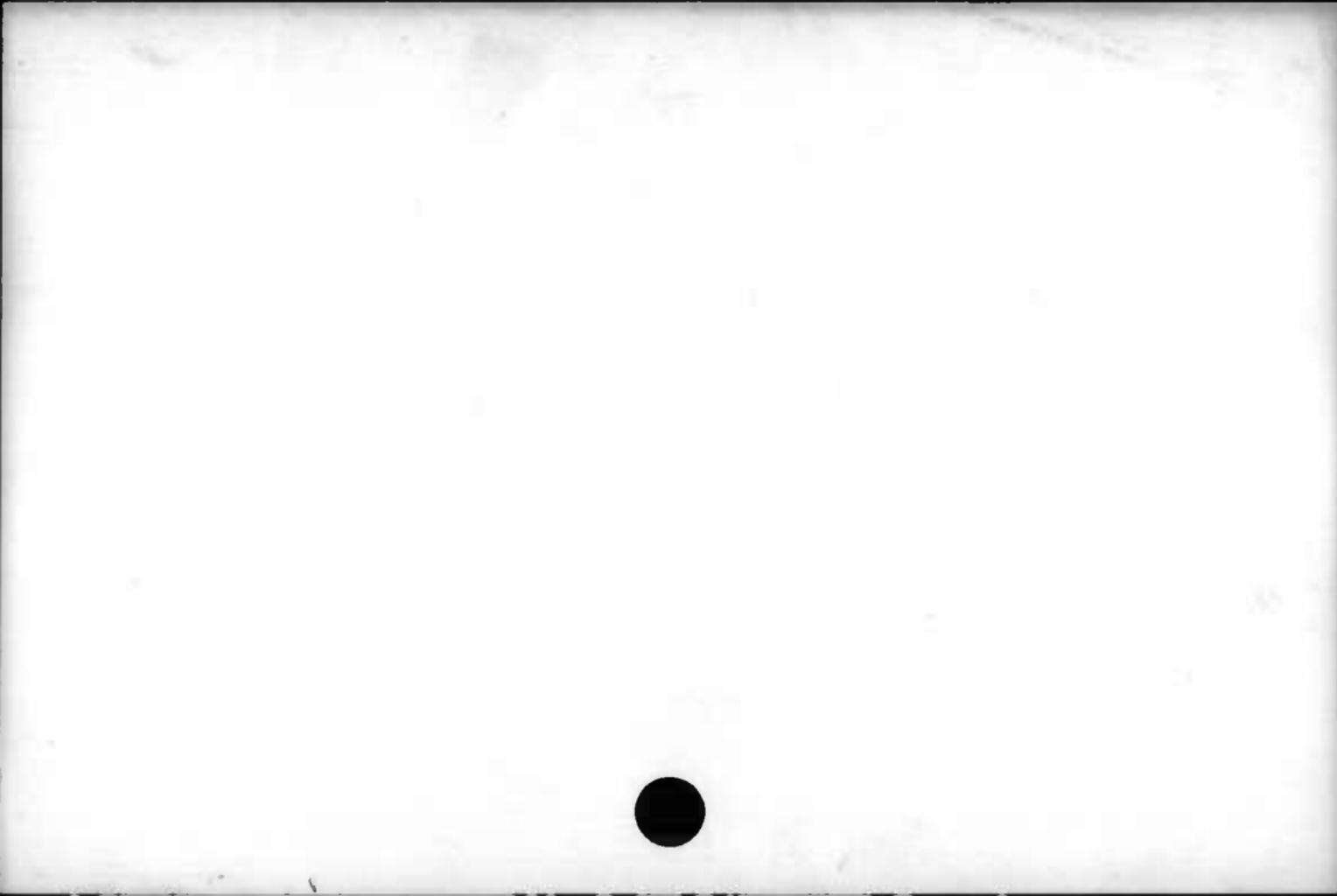
Signature of Physician

Address

H. H. Hopkins Jr. M.D.
New Market
Frederick Co., Maryland

Accident or Suicide?

Suicide



Name in Full!

Certificate of Death

Margarek Butter

Died at Liberty Town, County Frederick, MARYLAND

Died at	Town	Month	Day	Y.	M.	D.	Native of	Occupation
Date of death	Liberty Town	one	8 th	25	7	18	Md	Servant
							Widow	Divorced
							Widower	Number of children living
Husband of	Female	Colored	Single					

Wife	Ches Butter	Mother's Name	Annie Butter
Father's Name			

Cause of death	Primary: Typhoid Fever	How long sick	6 weeks
Death	Immediate: Ex Laundron		Accident, Suicide, Homicide

Reported by	Otis B. Stone M. & T		
Address	Liberty Town	Md.	

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Martha E. Butler

Died at Libertytown Town Frederick County MARYLAND

Date <u>1903</u>	Month <u>Dec</u>	Day <u>5th</u>	Age <u>12-3-18</u>	Y. <u>Wid</u>	M. <u>Divorced</u>	D. <u>Widower</u>	Native of <u>Md.</u>	Occupation <u>Housewife</u>
Mate	White							
Female	Colored							Number of children living

Husband of _____

Wife

Father's Name

Charles Butler

Mother's Name

Annie Butler

Cause of Death { Primary Typhoid Fever

How long sick

one week

Death { Immediate Perforation bowel

Accident, Suicide, Homicide

Reported by Dr. C. B. Moore

Address Libertytown

Mo.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Peter Carmack

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death 1903	Month 12	Day 2	Years	Months	Days	
Sex Male	Color or Race white	Age 70	Birth- place C'D			
Married, Single or Widowed Married	Occupation Cabbages					
Name of Wife or Husband Elizabeth Carmack	Peter Carmack					
Father's Name Edward	Father's Birthplace C'D					
Mother's Maiden Name Amelia Gilbert	Mother's Birthplace C'D					
Name of person giving Information Dr	How related to deceased Son					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

How long

Immediate Heart Failure Suddenly

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Chas W. Goldsborough
Walterville, Ind.

Address

Accident or Suicide?



Name
in
Full

Mary R. Chase

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1903	Month Dec.	Day 28	Years 63	Months 9	Days 18
Sex Female	Color or Race Colored	Occupation House work	Montgomery Co., Md.		
Married, Single or Widowed Married					
Name of Wife or Husband Frank Chase					
Father's Name William Tracy				Father's Birthplace	Md
Mother's Maiden Name				Mother's Birthplace	
Name of person giving information Asa Beall				How related to deceased	Brother-in-law

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Exhaustion following	How long
Immediate	acute illness	How long
Are the name, age, sex, color, date and place correctly given above?		Yes /
		Signature of Physician
		Address
Accident or Suicide?		





Name
in
Full

Charles William Clipp

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1903	12	8	58	4	10
Sex	male	Color or Race	white	Birth- place	W. Va
Occupation	Farmer		Where Residing if not at place of death	Md	
Married, Single or Widowed	Married	Name of Husband	Sarah A. Clipp	Father's Birthplace	W. Va
Father's Name	William Clipp		79	Mother's Birthplace	Paum
Mother's Maiden Name	Elizabeth Langford			How related to deceased	Son
Name of person giving Information	William A. Clipp				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Tuberculosis of Stomach 27 months

How long

Immediate

Exposure

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

H. S. Bridger MD

Brunswick

Accident or Suicide?

no —



Name
in
FullTO BE ANSWERED BY
NEAREST FRIEND

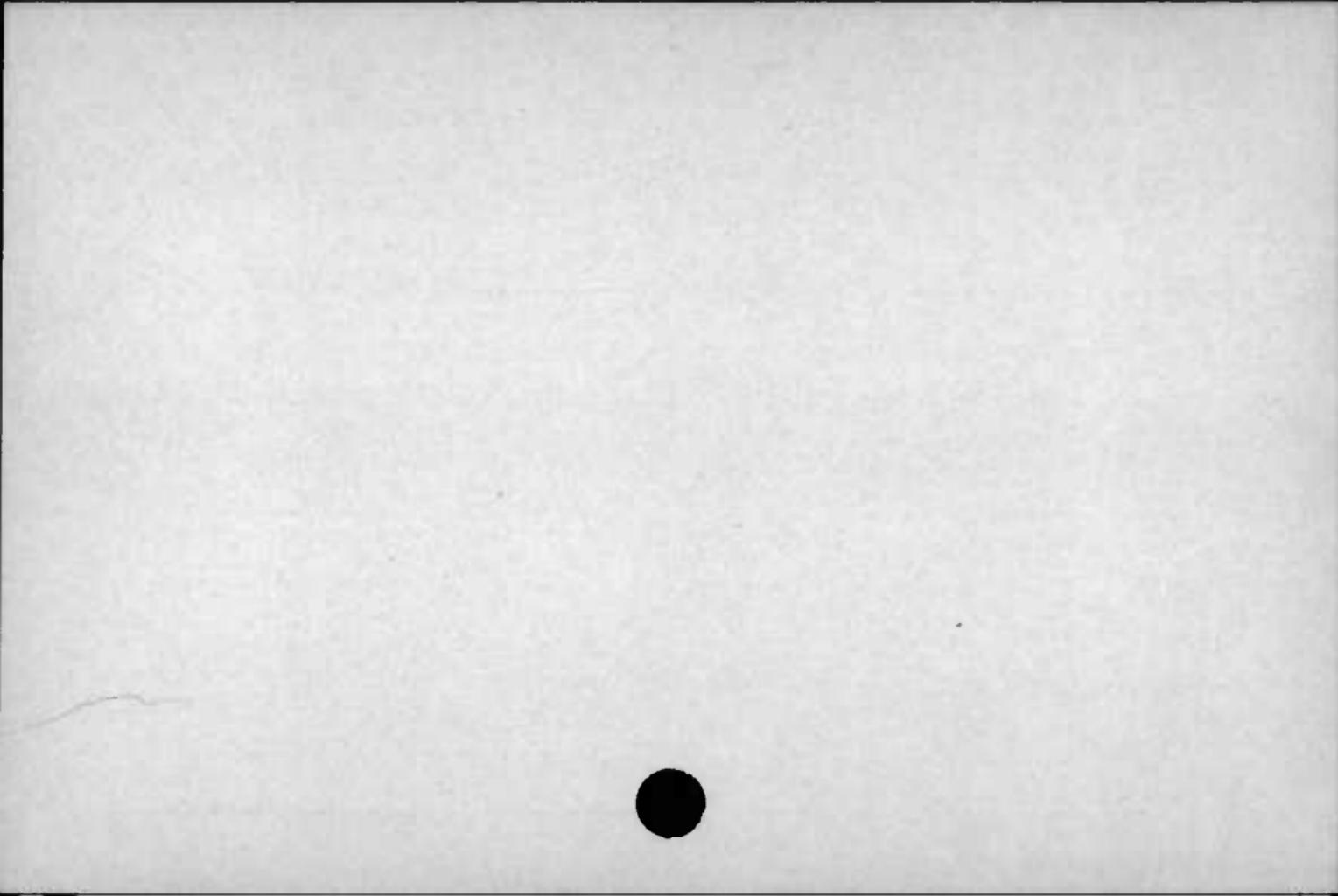
CERTIFICATE OF DEATH

Died at	Town	Frederick	County	Frederick	MARYLAND	
Date of death	Month	Day	Years	61	Months	6
Sex	Male	Color or Race	White		Birth-place	Fred. Co., Md.
Occupation	Clerk	Where Residing if not at place of death				
Married, Single or Widowed	Single	Name or Wife or Husband				
Father's Name	Philip Lentshall			Father's Birthplace	Pa	
Mother's Maiden Name	Lidia Deagy			Mother's Birthplace	Pa	
Name of person giving information	Wm Lentshall			How related to deceased	Brother	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Chronic Bright's	How long	Several years
Immediate	Paralysis of heart	How long	—
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	JO. Hendrix, M.D.
		Address	Frederick, Md.
Accident or Suicide?			



Name
in
Full

Dennis M. Danielle

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town		County		MARYLAND		
Date of death 190	Month	Day	Years	Months	Days		
3 Dec.	27th	Age	76	10.			
Sex	Male	Color or Race	White	Birth-place			
Married, Single & Widowed	Married		Occupation	Retired			
Name of Wife or Husband							
Father's Name	William B. Danielle			Father's Birthplace	Va		
Mother's Maiden Name	Nancy Bennett			Mother's Birthplace	Not Known		
Name of person giving information	Son						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Dennis Danielle

How long

Immediate

Cerebral Hemorrhage

How long

Hour

Are the name, age, sex, color, date and place correctly given above?

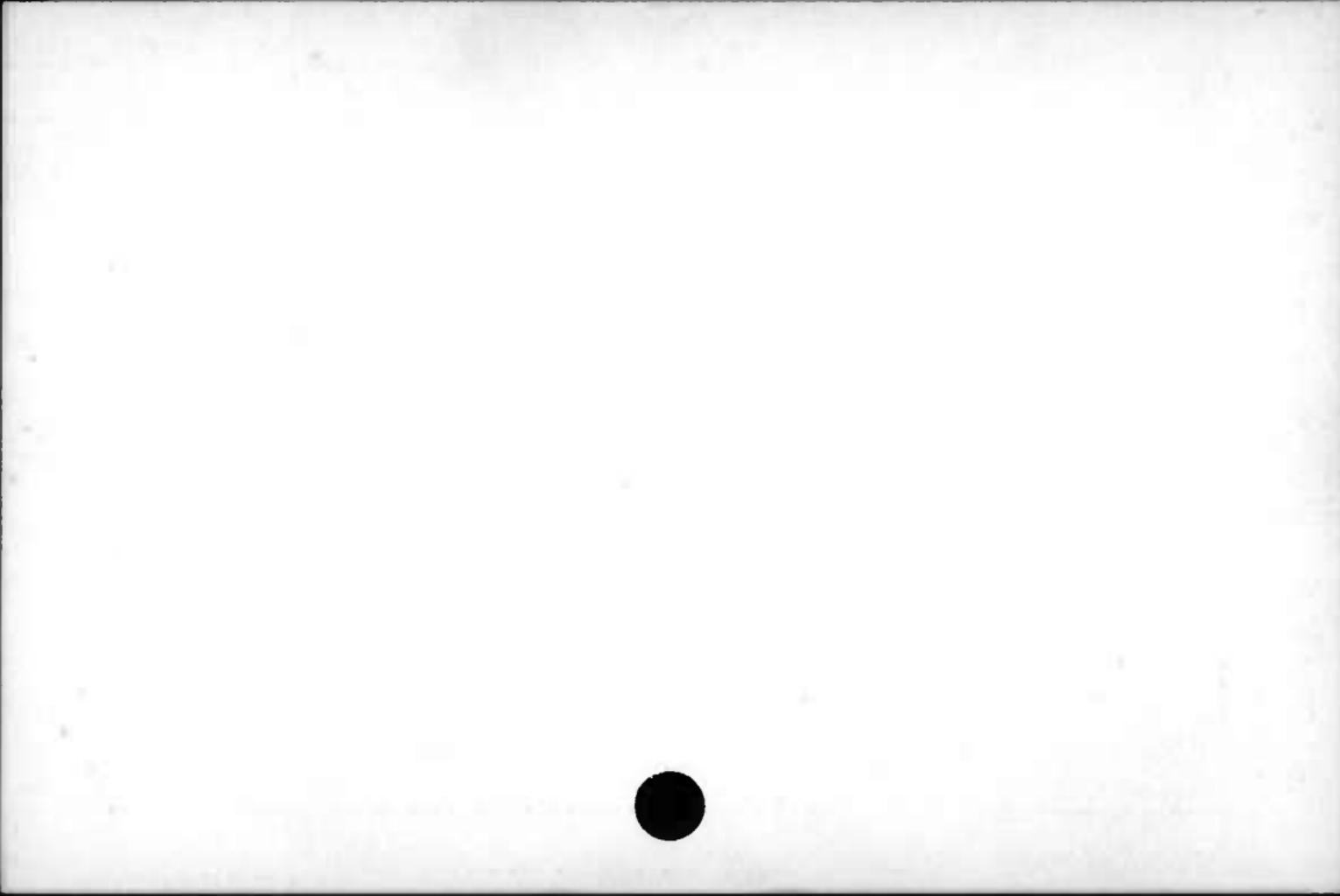
Yes

Signature
Physician

Address

Frank Hedges
Frederick
Md.

Accident or Suicide?



Name
in
Full

Belle Debt.

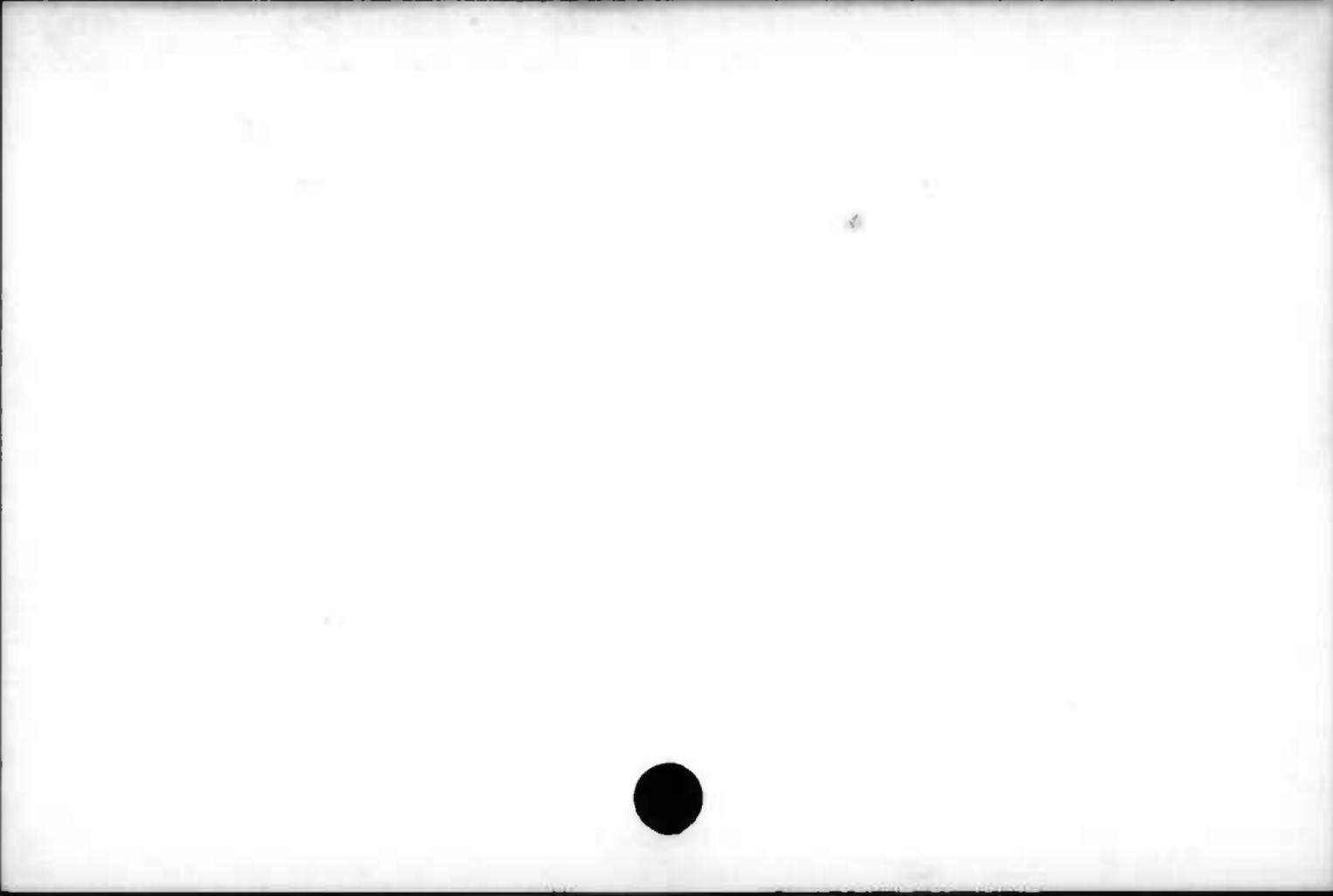
CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Montgomery Hospital	Frederick Co			
Date of death 1903	Month December	Day 6	Years Age 25	Months -	Days -
Sex Female	Color Black	Occupation	Birthplace Baltimore B.		
Married, Single or Widowed		none			
Name of Wife or Husband					
Father's Name		03.	Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving Information	Hannah D. Shook.		How related to deceased	nos	

CAUSES OF DEATH

Primary	Onnucoria	How long 3 weeks
Immediate	Chancroid	How long +
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician S. S. Hayward M.D.
Address	17 Second Street Frederick Md.	
Accident or Suicide?		



Name
in
Full

Mrs Rebecca Duckin

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death 1903	Month	Day	Years	Months	Days		
Female	Color or Race	Age	88	Birth- place	Foxville Maryland		
Married, Single or Widowed	Occupation						
Married							
Name of Wife or Husband							
Father's Name							
Mother's Maiden Name							
Name of person giving Information	Miss Hannah Shook						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Paralysis

How long

Several days

Immediate

Stroke of heart

How long

Are the name, age, sex, color, date
and place correctly given above?

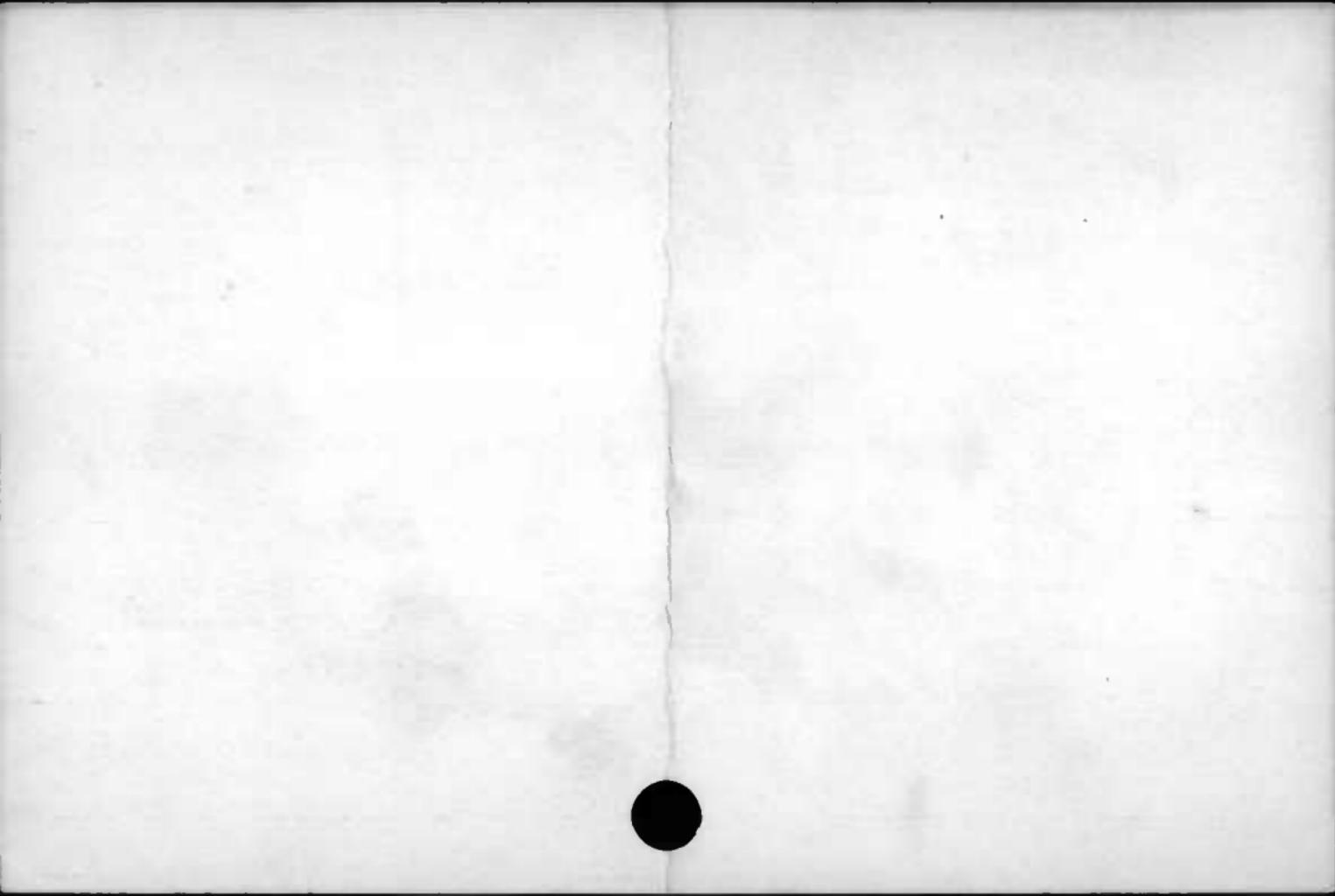
Signature of
Physician

S. S. Maynard.

Address

17 Second St. N.
Edmonson Md.

Did he commit suicide?



Name
in
Full

Julia A. Ely

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1903	Month 12	Day 9	Age 77	Years —	Months — Days —
Sex Female	Color or Race White	Birth-place City			
Married, Single or Widowed Widow	Occupation House-Wife				
Name of Wife or Husband David Ely.					
Father's Name John Finch	Father's Birthplace England				
Mother's Maiden Name Elizabeth Boerner	Mother's Birthplace Germany				
Name of person giving Information Mrs. L. P. Smith.	How related to deceased Daughter				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Fracture of Femur	How long	3 weeks
Immediate	Exhaustion	How long	5 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	J. M. Goodman, M.D.
		Address	Castle Bldg over
- Accident or Suicide?			

Interment Dec 11th 03
" at St John's Cemetery

A. T. Rice & Sons,

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Bell Fehliason

34

CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND		
Date of death 1903	Month 12	Day 12	Years	Months	Days
Sex male	Color or Race Black	Birth-place Maryland.			
Married, Single or Widowed	Occupation Laborer				
Name of Wife or Husband	Maria				
Father's Name	Dont Know.	Father's Birthplace	Dont know		
Mother's Maiden Name	Dont Know.	Mother's Birthplace	Dont know		
Name of person giving information	Mary Fehliason	How related to deceased	his wife		
CAUSES OF DEATH					
Primary	Shot-gun wound	How long	immediate		
Immediate	Inhalation of brain	How long	"		

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Howard H. Hopkins Jr
New Market,
Maryland.

Accident or Suicide?

Suicide



Name
in
Full

Susan Togle

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at		Town	County		MARYLAND		
Date of death 1903	Month	Day	Age	Years	Months	Days	
Female		Color or Race	67		0		24
Married		Occupation		Housewife			
Name of Wife or Husband		Jacob Togle					
Father's Name		Jacob Keeney		Father's Birthplace	Maryland		
Mother's Maiden Name		Mary Egler		Mother's Birthplace	Maryland		
Name of person giving Information		Jacob Togle		How related to deceased	Husband		
CAUSES OF DEATH							

Primary	Inflammation of Intestines	How long	7 days
Immediate	Heart Failure	How long	6 hours.
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Graff W. Beall.
— — —		Address	Libertytown, Md.
Accident or Suicide?		— — —	



Name
in
Full

Sun Jane Fowler

36,

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at	Town	County	
Died at	New Market	Frost	
Date of death 1903	Month Dec	Day 15-	Years
			Age 70
Sex	Color or Race		Months
Female	white		Days
Married, Single or Widowed		Occupation	
	Medium	Houswife	
Name of Wife or Husband	J H Fowler		
Father's Name	Don't Know	Father's Birthplace	
Mother's Maiden Name	Don't Know	Mother's Birthplace	
Name of person giving information	Dr Downey	How related to deceased	None

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Lobg Pneumonia	How long
Immediate	Exhaustion	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	

Dr Downey
New Market

Accident or Suicide?



Name
in
Full

Oscar A Freeze

CERTIFICATE OF DEATH

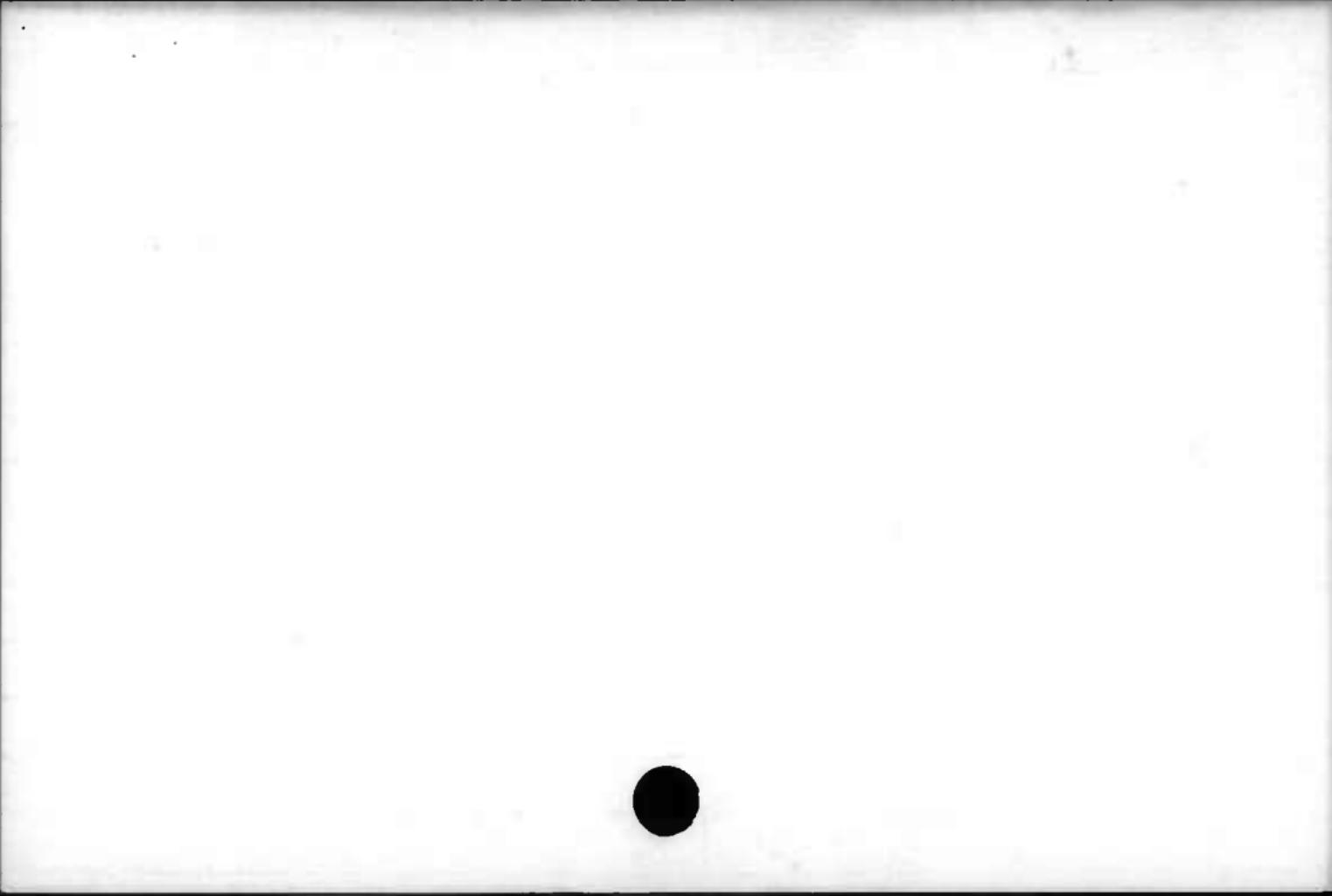
TO BE ANSWERED BY
NEAREST FRIEND

Town	County		
Died at near Thurmont	Frederick		
Date of death 1903	Month 12	Day 1	Years
Age	Months 10 Days		
Sex male	Color or Race White	Birth-place Md	
Married, Single or Widowed	Occupation		
Name of Wife or Husband			
Father's Name	Wilbur Freeze	10	Father's Birthplace Md
Mother's Maiden Name	Bertha Fleagle		Mother's Birthplace "
Name of person giving Information	How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Le Grifffr Pneumonia	How long	2 weeks -
Immediate	Cardiac asthma	How long	2da -
Are the name, age, sex, color, date and place correctly given above?	7-10	Signature of Physician	Myron A. Bish
		Address	Thurmont Md.
Accident or Suicide?			



Name
in
Full

Sarah A. Barber

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 190	Month dec.	Day 25	Years 81	Months 5	Days 16
Sex Female	Color or Race white	Occupation Housewife	Birth-place Maryland		
M. I. C. Widowed	Midwife				
Name of Wife or Husband Ephraim Barber	Father's Name Solomon Waltz	15th			Father's Birthplace Near Rocky Hill
Mother's Maiden Name Elizabeth Etzler				Mother's Birthplace Johnsville	Brother
Name of person giving Information W. R. Waltz				How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Old age & General Debility	How long —
Immediate Pneumonia	How long about one week
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician F. D. Sidwell Address Johnsville —
Accident or Suicide?	



Name
in
Full

Virgi + Garber.

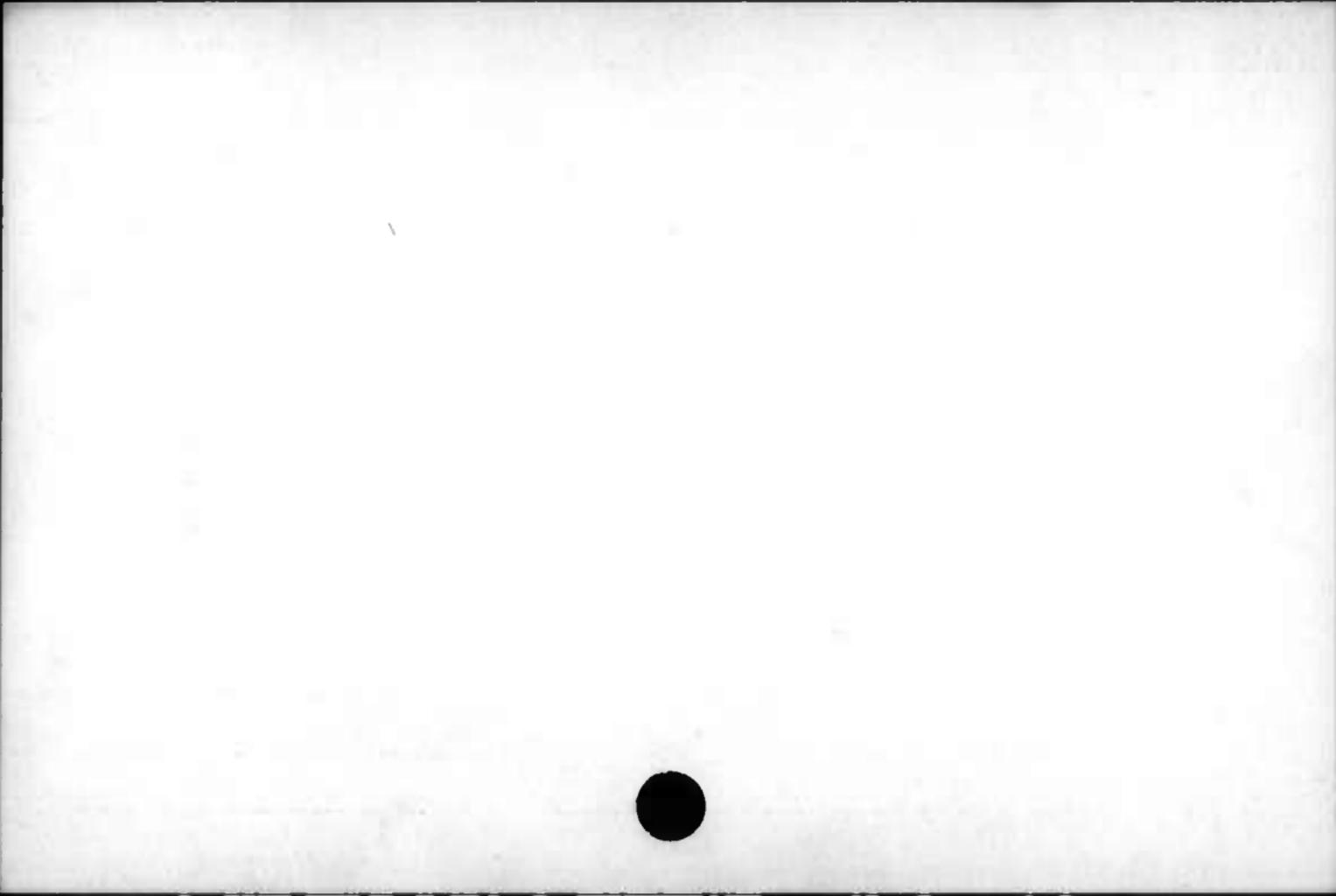
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND		
Date of death 1903	Month 12	Day 21	Years 18	Months 0	Days 18	
Sex Female	Color or Race White	Birth-place City				
Married, Single or Widowed Single	Occupation Seamstress					
Name of Wife or Husband						
Father's Name Solomon Garber	Father's Birthplace Frederick					
Mother's Maiden Name Isabell Brightwell	Mother's Birthplace Aba					
Name of person giving Information S. Garber	How related to deceased Father					

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary Disease of Heart Valvular	How long 10 yrs
	Immediate Drowning	How long 2 mos.
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician S. S. Maynard.
		Address 17 Second Street
Accident or Suicide? Frederick Md.		



Name
in
Full

William H Garner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death 1903	Month	Day	Years Months Days
Sex	Color or Race	Age	7 13
Married, Single or Widowed	Occupation		
Name of Wife or Husband	Margaret Pippen Farmer		
Father's Name	Enrich Garver		
Mother's Maiden Name	Do not know		
Name of person giving information	Friend		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Paralysis	How long	2 years
Immediate	Convulsions	How long	3 days
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	J. Thomas Finn.
		Address	Liberty Town Md
Accident or Suicide?			



Name in Full

Certificate of Death

George Henry Gilbert

Town

County

Died at Woodsboro, Frederick

MARYLAND

Date 1803	Month Dec. 1	Day	Y. 73.	M. 9.	D. 8	Native of Md.	Occupation Shoemaker.
Male	White	Age	Married			Widow	Divorced
Female	Colored		Single			Widower	Number of children living -

Husband of

Wife

Father's

Name

Michael 20 Mother's Name Margaret Ross

Cause of Death	Primary	Henry died	How long sick	1 week
	Immediate	Cyclone disease	Accident, Suicide, Homicide	

Reported by

R. J. Sharlles, undertaker,

Address

Woodsboro, Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Harry A. Glassner

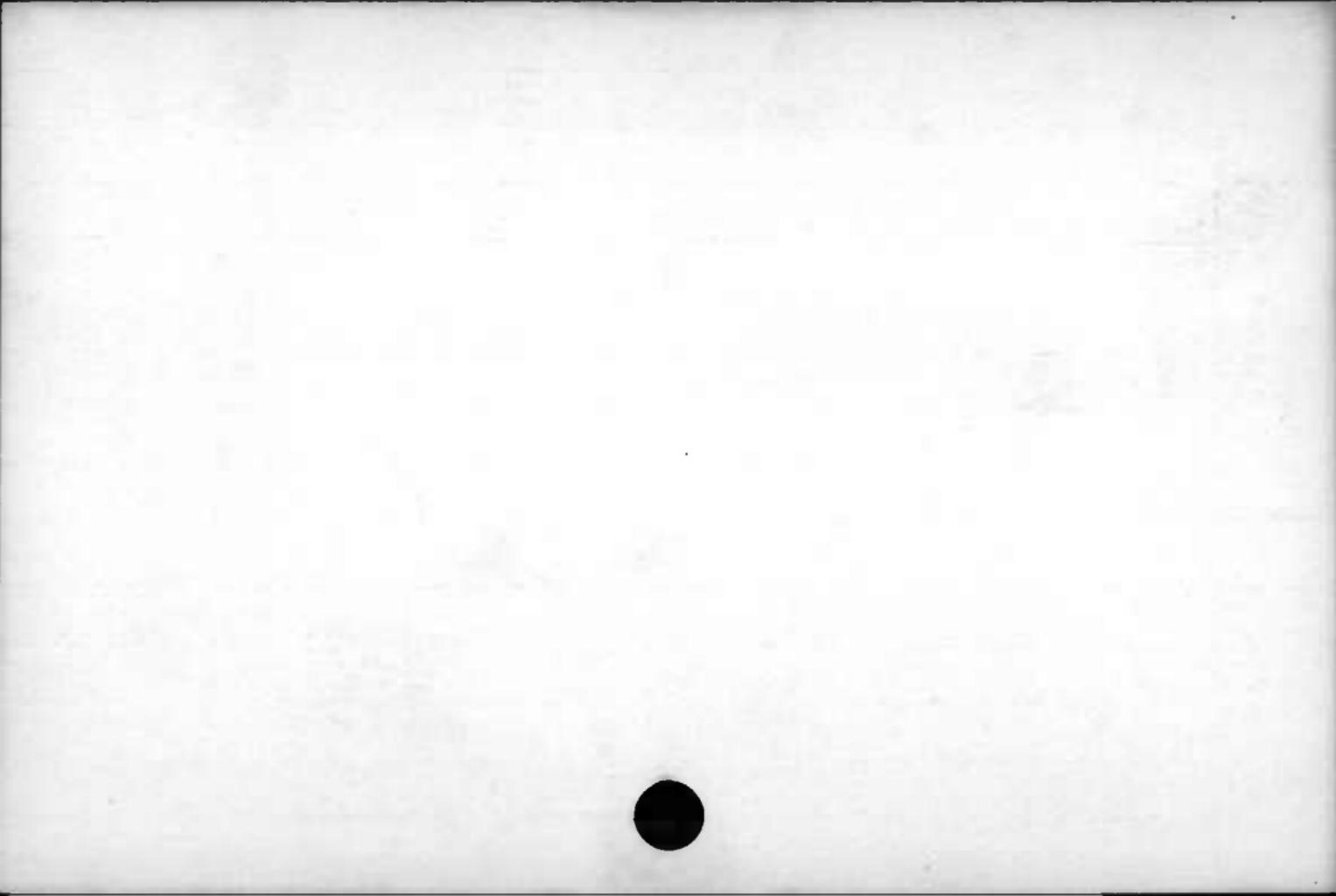
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND			
Date of death 190	Month	Day	Years	Months	Days	
Sex	Color or Race	Age.	26	1	20	
Married, Single or Widowed	Occupation	Birth-place	Med.			
Name of Wife or Husband	Single			Barber		
Father's Name	William V. Glassner			Father's Birthplace	Med.	
Mother's Maiden Name	Mary Jane Dadisman			Mother's Birthplace	Med.	
Name of person giving information	Alice Rebecca Gilbert			How related to deceased	Sister	

PHYSICIAN
OR CORONER

CAUSES OF DEATH		
Primary	Pthisis Pulmonalis	How long 18 months
Immediate	Asthma	How long 3 months
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician S. J. Hoffer, M.D. Address Frederick, Md.	
Accident or Suicide?		



Anna May Elizabeth Grubbs

Town

County

Died at New Oak Hill, Frederick

MARYLAND

Date	Month	Day	Y.	M.	D.	Native of	Occupation
<u>1803</u>	<u>Dec.</u>	<u>15</u>	<u>17</u>	<u>4</u>	<u>23</u>	<u>Md</u>	<u>-</u>
Male	White	Married	Widow			Divorced	
Female	Colored	Single	Widower			Number of children living	

Husband
of

Wife

Father's

Name

Mother's
Name

Cause of

Primary

How long sick

several months

Death

Immediate

27

Accident, Suicide, Homicide

Reported by

L. J. Sharette undertaker

Address

Wardsboro.

Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Grayble

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND	
Died at	Breweriet	Frederick			
Date of death 1903	Month Dec.	Day 7 th	Age	Months 1	Days 4
Sex	Female	Color or Race	White	Birth-place	Md
Married, Single or Widowed	Occupation				
Name of Wife or Husband					
Father's Name	Roft. Edward Grayble			Father's Birthplace	W. Va.
Mother's Maiden Name	Ester May Trogier			Mother's Birthplace	Md
Name of person giving Information	Ester May Trogier			How related to deceased	Mother

CAUSES OF DEATH

Primary	Diphtheria		How long	12 hours
Immediate	" "		How long	
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Lynn West	
		Address	Breweriet. Md	
Accident or Suicide?	Accident			



Name in Full

Certificate of Death

Annie F. Starbaugh.

Town

Sabilesville

County

Frederick

MARYLAND

Died at

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1900

Dec 27

Age 57

White

Married

Female

Single

Number of children living

None

Huber-

of

Leonard C Starbaugh

Wife

Father's

Name

Hiram Stein

Mother's

Maiden Name

Julia A. McKissick

Cause of

Primary

Heart Disease

How long sick

died very suddenly

Death

Immediate

Sudden Heart failure

Accident, Suicide, Homicide

Reported by

Dr. G. L. Hachter

Address

Sabilesville

Maryland.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Mrs Klaus Ellen Staines
Yellow Springs, Frederick

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Yellow Springs		Frederick County		MARYLAND	
Date of death 1903	Month Dec.	Day 10	Age 55	Years	Months 1	Days 22
Sex Female	Color or Race White		Birth-place Md.			
Married, Single or Widowed Widow	Occupation House Keeper					
Name of Wife or Husband George W. Davis Deed.						
Father's Name David Levi Staley			Father's Birthplace Md.			
Mother's Maiden Name Sarah A. M. Scott			Mother's Birthplace Md.			
Name of person giving information H. E. Staley			How related to deceased Brother			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Cancer		How long 2 yrs.
Immediate	Asthenia		How long several months
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician S. V. Staines, M.D.	Address 111 Grappler St. Frederick, Md.
Accident or Suicide?			



Name
in
Full

Mary J. Harris

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1903	Month Mar	Day 30	Age 70	Years	Months — Days 11
Sex Female	Color or Race white	Occupation Housewife	Birth- place —		
Married, Single or Widowed Widow	Otto Harris.				
Name of Wife or Husband				Father's Birthplace Pa	
Father's Name Jacob Henry				Mother's Birthplace "	
Mother's Maiden Name Mary				How related to deceased Son	
Name of person giving Information Martin E. Harris					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Chronic Bronchitis	How long Indefinite
Immediate Heart failure	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician J.W. Goodman M.D. Address Frederick
Accident or Suicide?	

Interment at Mt. Zion
or ~~the~~ Jan 1st 04
" Jan 1st 04
H & Wilson's.

Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

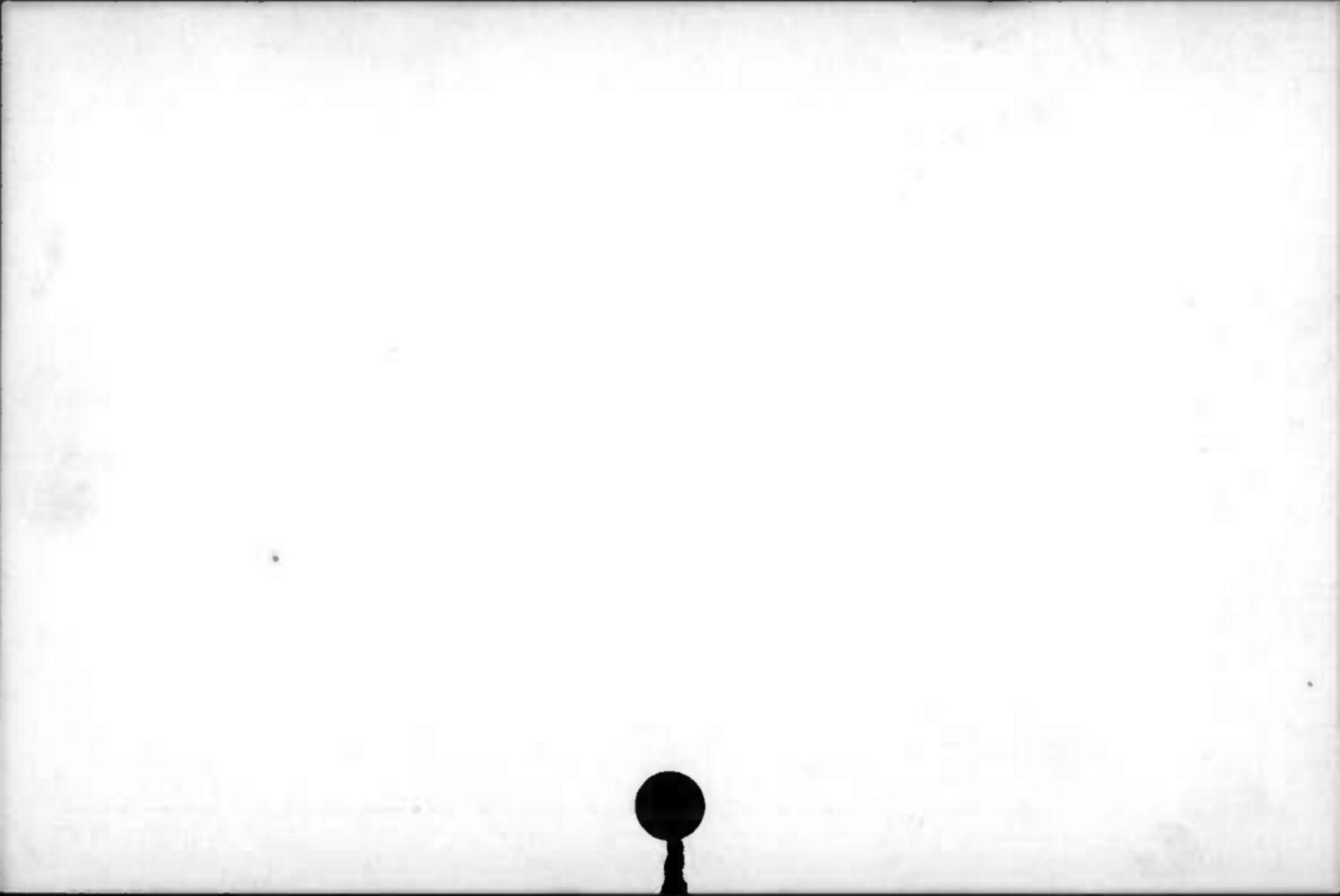
George Washington Hartcock

CERTIFICATE OF DEATH

Died at	Frederick	Town	County	MARYLAND
Date of death 1903	Month	Day	Years	Months Days
Sex Male	Color or Race	Age 62	Birth-place Md.	
Married, Single or Widowed	Occupation	Laborer		
Name of Wife or Husband	Mary C. Knibley	Father's Birthplace	Md	
Father's Name	Nicholas Hartcock	Mother's Birthplace	Md	
Mother's Maiden Name	Catherine Morrissey	How related to deceased	Sister.	
Name of person giving information	Mary Knibley			

CAUSES OF DEATH

Primary	Cerebral Hemorrhage		How long about 4 hours
Immediate			How long
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Frank Hedges M.D.
		Address	
Accident or Suicide?			



Name
in
Full

Arthur Lee Haffner.

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Died at	Broad Run	Frederick	
Date of death	Month	Day	Years Months Days
1903	rec	3	Age 4 / 1 11
Sex	Male	Color or Race	White
Married, Single or Widowed	—	Occupation	—
Name of Wife or Husband	—		
Father's Name	Chas. S. Haffner	Father's Birthplace	Md
Mother's Maiden Name	Jennie C. Hightower	Mother's Birthplace	Md
Name of person giving information	Arthur Haffner	How related to deceased	Father.

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Rail Consgn'g Brain.	How long	about 10 yrs.
Immediate	Convulsions.	How long	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	C. H. Schiltzner	
	Address	Buckettville. Md.	
Accident or Suicide?			



Name
In
Full

Lydia F. Jennings.

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Town	Buckettweller			County	Frederick		
Died at	Date of death 1903	Month Dec	Day 5	Age 61	Years	Months 3	Days 4
Sex	Female		Color or Race	Mute	Birth- place	Md.	
Married, Single or Widowed	Married		Occupation	Housewife.			
Name of Wife or Husband	John H. Jennings.						
Father's Name	Henry Siger						
Mother's Maiden Name	Sarah						
Name of person giving Information	Joseph Jennings						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Paralysis, with a

How long

about 4 mos

Immediate

Decolorization of Mucous & Cerebrospinal

How long

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

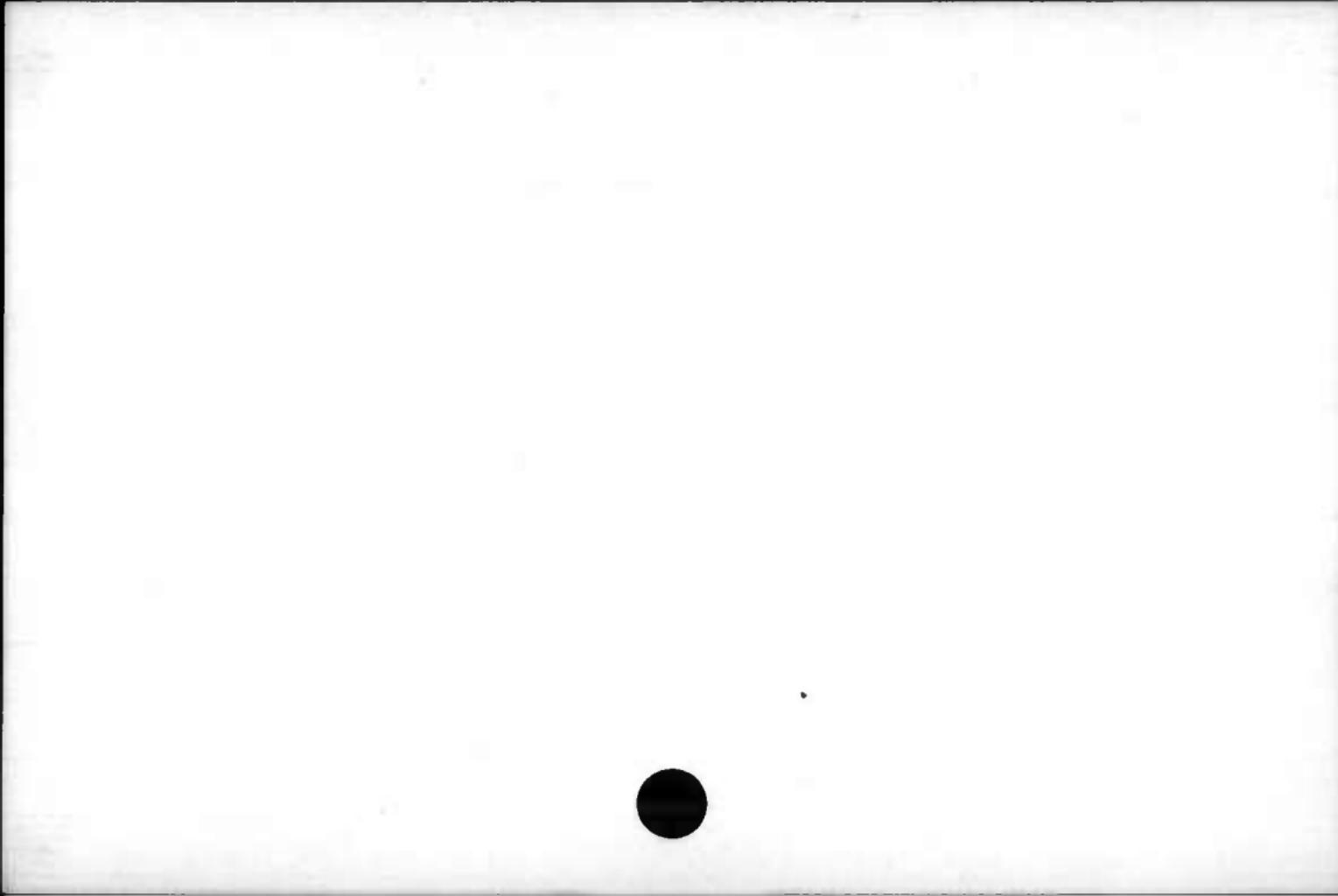
Address

C. H. Schiltzner,

Buckettweller

Md.

Accident or Suicide?



Name
in
Full

Ophra Johnson.

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County	MARYLAND	
Died at	Montgomery Hospital	Frederick		Months	Days
Date of death 1903	Month Dec	Day 30	Years Age 78		
Sex	Color or Race White	Birth-place Montgomery Co			
Married, Single or Widowed	X	Occupation	+		
Name of Wife or Husband	X				
Father's Name	X		Father's Birthplace	X	
Mother's Maiden Name	X		Mother's Birthplace	X	
Name of person giving Information		154	How related to deceased	Daughter	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Old age
Exhaustion.

How long

X

Immediate

How long

X

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

S. S. Maynard
17 Broad St W.

Accident or Suicide?



Name
in
Full

Jacob Kauouff

CERTIFICATE OF DEATH

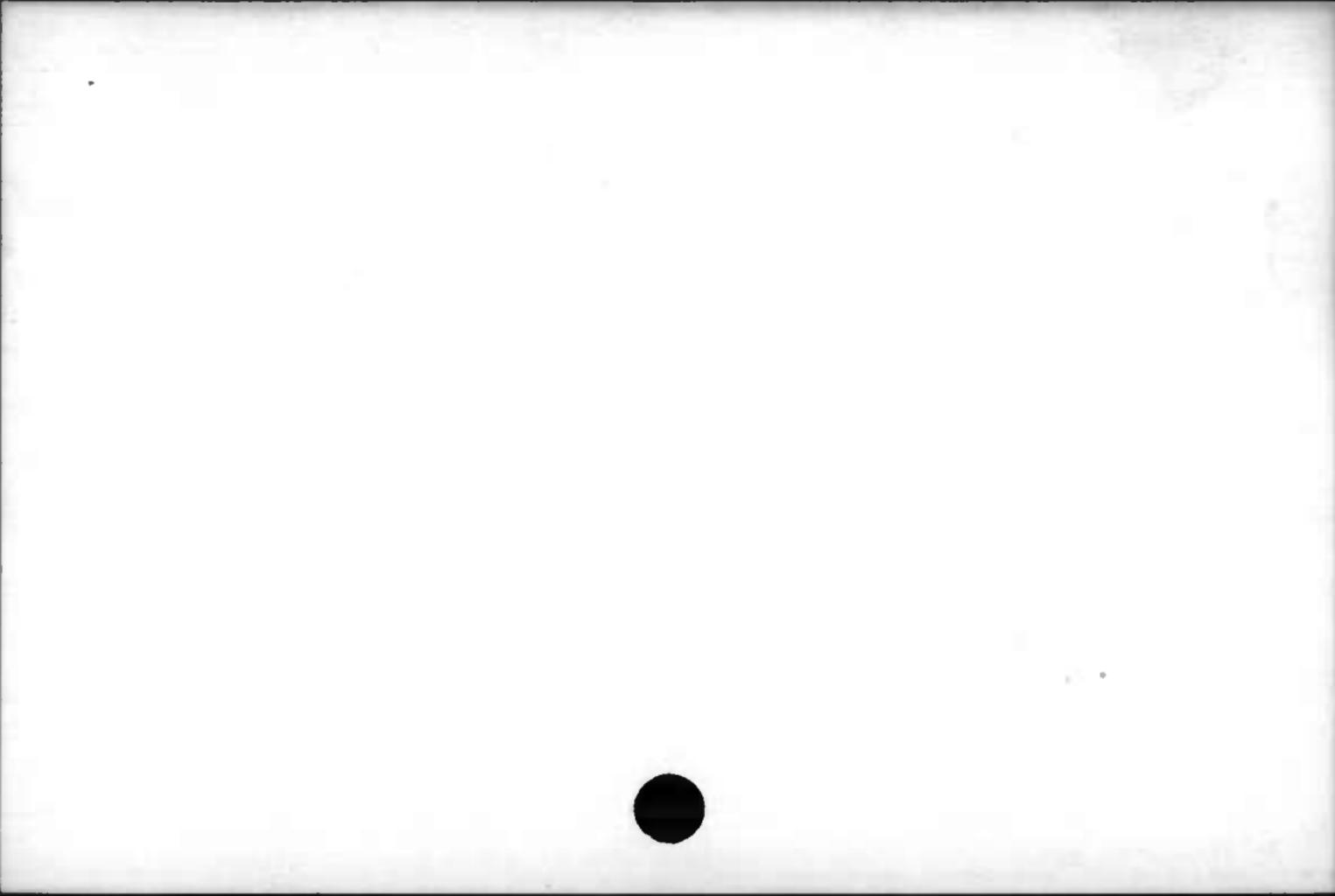
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death 1903	Month	Day	Years Months Days
Sex Male	Color or Race	Age	85-
Married, Single or Widowed	Occupation	Birth-place Frederick Co. Md.	
Name of Wife or Husband	Retired Farmer		
Father's Name	OB		Father's Birthplace
Mother's Maiden Name			Mother's Birthplace
Name of person giving information	How related to deceased Daughter-in-Law		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Bronchitis Pneumonia	How long	3 weeks
Immediate	Heart Failure	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	E-G. Kefauver M.D.
Yes		Address	Thurmont, Maryland.
Accident or Suicide?			



Name in Full

James E. Kauffman.

Certificate of Death

Died at	Town	County	MARYLAND
	Glen	Frederick	
Date 1903	Month 12	Day 16	
Male Yes	White <u>yes</u>	Age - 11. 9.	Native of Maryland
Female	Colored	Married	Occupation Miner.
Husband of	John E. Kauffman		
Wife	Lucinda Kauffm ^{le}		
Father's Name	John E. Kauffman	Mother's Maiden Name	Lucinda Kauffm ^{le}
Cause of Death	Primary Pneumonia & Bronchitis	How long sick 11 days.	
Death	Immediate	Accident, Suicide, Homicide	
Reported by	R. L. Hammond	Physician	
Address	Montgomery	Maryland	

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Bethmes Milliard Kelley

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
Sex	Male	Color or Race	White	Birth-place	Brunswick	
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband		Father's Birthplace	m d		
Father's Name	William W. Kelley		Mother's Birthplace	m d		
Mother's Maiden Name	Laura V. Phillips		How related to deceased	Father		
Name of person giving information	William W. Kelley					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Pneumonia
Immediate Exhauastive

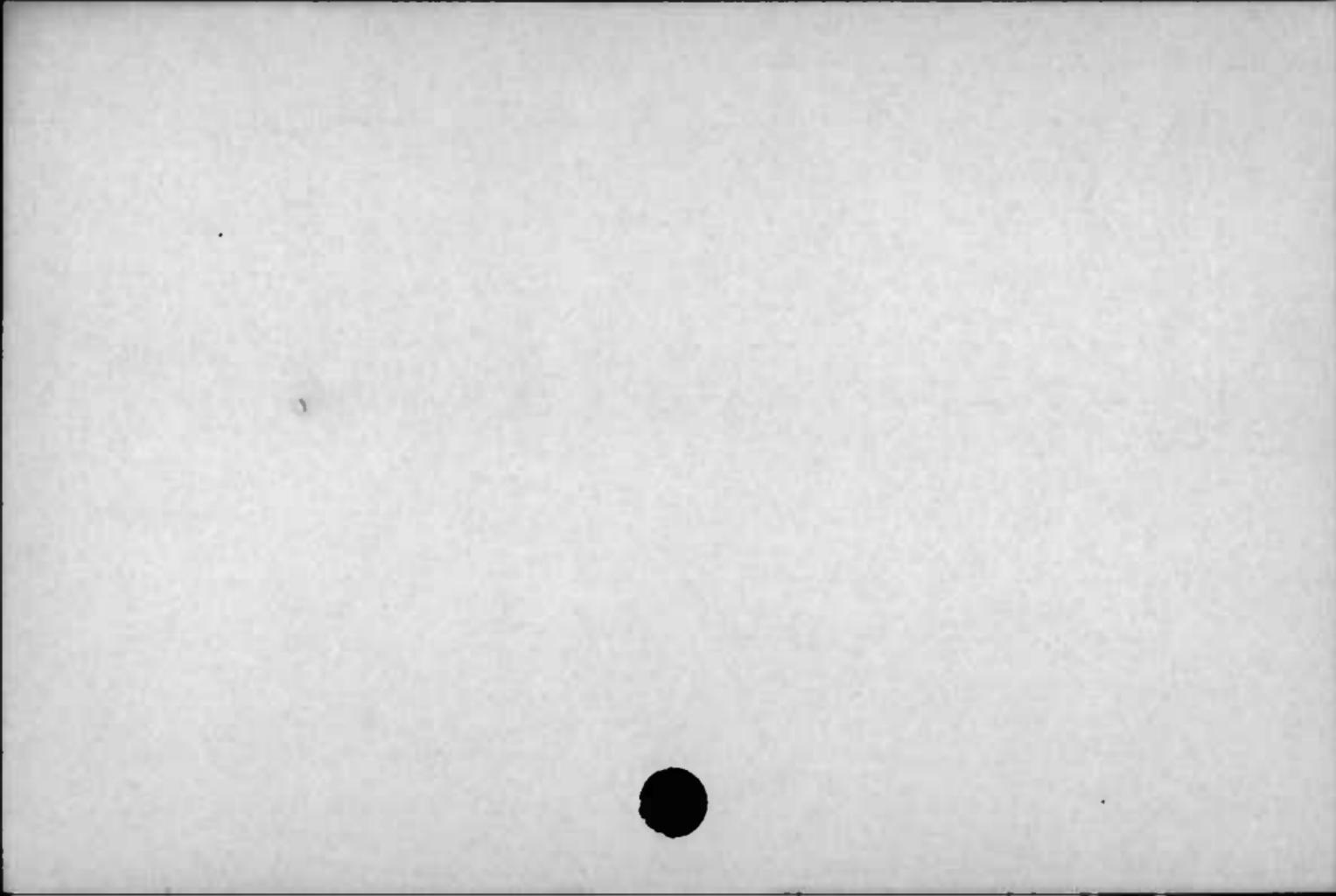
Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

H. S. Hedges
Brunswick
Md



Name in Full

Certificate of Death

		<i>Ella</i>		<i>Keller</i>				
Died at	Town	County		Native of		MARYLAND		
Date 1908	Month 12	Day 19	Y. 52	M. 2	D. --	Occupation	Schoolteacher	
Male	White	Age 52	Married	Widow	Divorced	Number of children living		
Female	Colored		Single	Widower				
Husband of _____								
Wife								
Father's Name	Mother's Maiden Name							
Cause of Death	Primary	<i>Pneumonia</i>						
	Immediate	<i>Heart failure</i>						
Reported by	<i>Dr. Wm. Johnson,</i> <i>Fredk Md.</i>							
Address								

93

How long sick *one week*

Accident, Suicide, Homicide

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Harriet S Lightner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

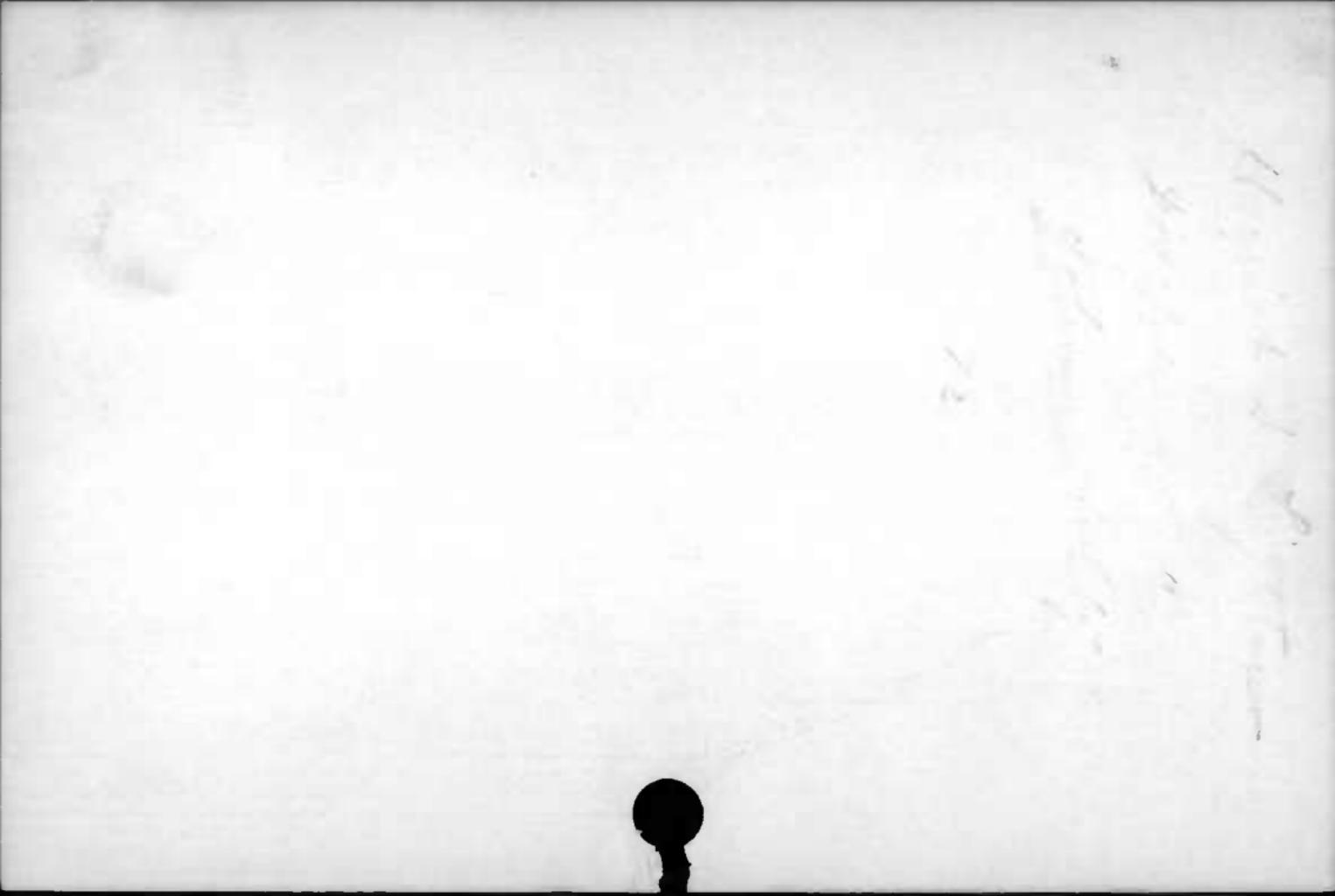
Died at	Town	County	MARYLAND		
Date of death 1903	Month 12	Day 13	Years Age about 72	Months	Days
Sex Female	Color or Race white	Occupation Housewife	Birth- place Md		
Married, Single or Widowed widow					
Name of Wife or Husband Joseph Lightner					
Father's Name John Holtz	66			Father's Birthplace	
Mother's Maiden Name				Mother's Birthplace	
Name of person giving Information Henry Lightner				How related to deceased	Step son

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Hemiplegia	How long 8 years
Immediate	Rheumatism & Heart Disease	How long 1
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician E. G. Kefauver M.D.	
	Address	Thurmont - Md

Accident or Suicide?



Name
in
Full

McBride, Florence Lorraine

CERTIFICATE OF DEATH

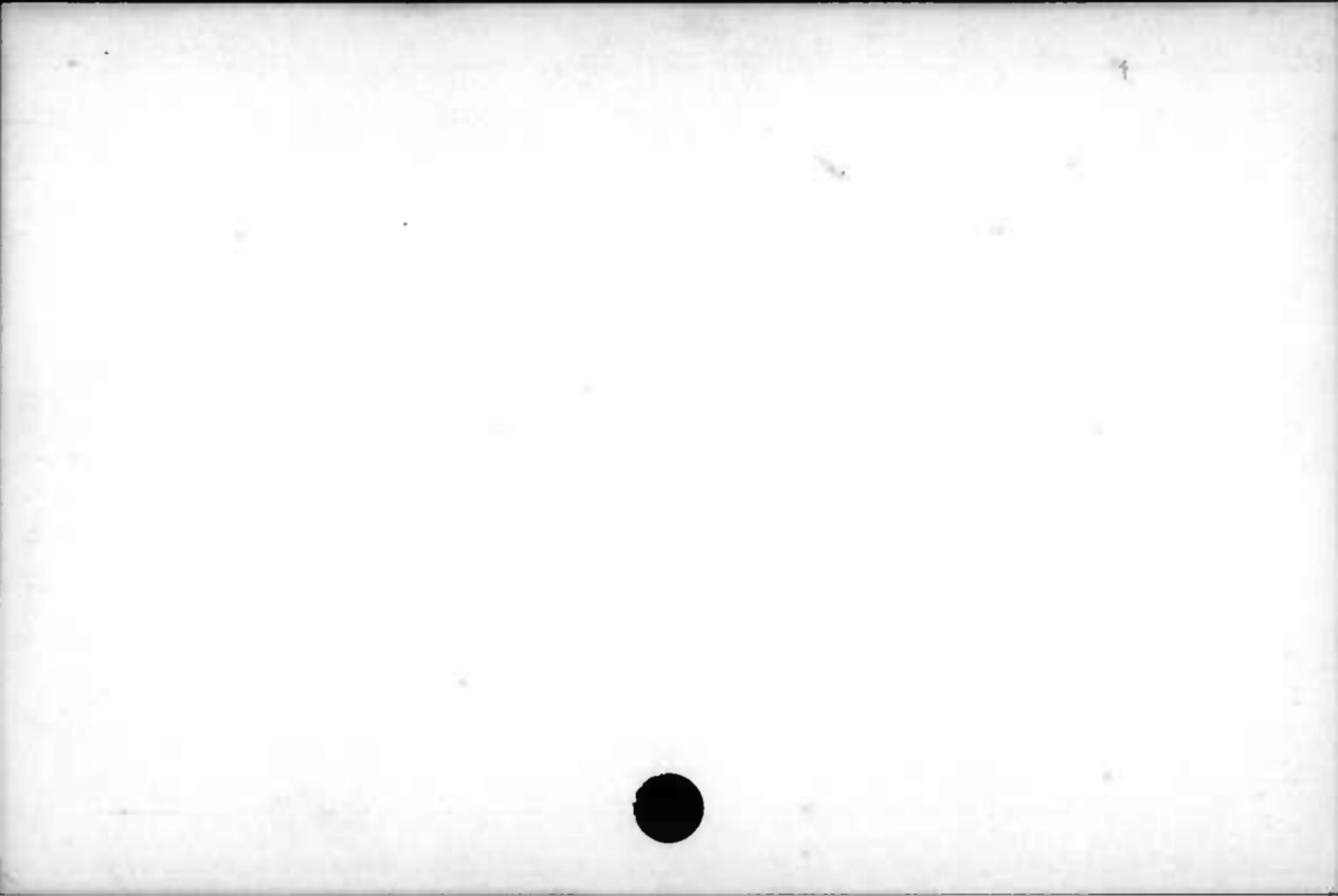
To BE ANSWERED BY
NEAREST FRIEND

Died at 1	Town	County	MARYLAND		
Date of death 1903	Month 12	Day 19	Years 1	Months 1	Days 22
Sex Female	Color or Race White	Birth-place Frederick			
Married, Single or Widowed	Occupation				
Name of Wife or Husband	106.				
Father's Name Seymour McBride	Father's Birthplace —				
Mother's Maiden Name Ada Stein	Mother's Birthplace				
Name of person giving information Mother	How related to deceased				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Enteritis	How long 5 days
Immediate Meningitis	How long 2 days
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician H. P. Fahney
	Address Frederick Md.
Accident or Suicide?	



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

Wm. McMann

CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND		
Date of death 1903	Month Dec	Day 17	Age 8	Years	Months 2
Sex Male	Color or Race white	Occupation	Birth-place	Days	
Married, Single or Widowed Single					
Name of Wife or Husband					
Father's Name Dennis McMann	q.		Father's Birthplace Ireland		
Mother's Maiden Name Elizabeth Walling			Mother's Birthplace Frederick		
Name of person giving Information Undertaker			How related to deceased not.		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Diphtheria

How long

6 days

Immediate

Tetraemia

How long

2 days

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Ladouceur MD

Accident or Suicide?



Name in Full:

Certificate of Death

Harry C. Metcalfe
 Town Johnsonville County Frederick

Died at

MARYLAND

Date 1903	Month Dec	Day 31	Age 20	Y. 1	M. -	D. 12	Native of Ma.	Occupation Clerk
Male	White		Married	Widow		Divorced		
Female	Colored		Single	Widower			Number of children living	5.

Husband of _____

Wife

Father's Name

Cause of Death

Primary	Variola	Suppurating pustules
Immediate		

Reported by

Otis B. Stowe M. D.	
Liberty Town	Md.

Mother's Name Nethie Smith

How long sick 10 days
Accident, Suicide, Homicide

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Name
in
Full

Martha Middleton

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town
Montgomery Hospital Frederick
County

MARYLAND

Date of death 1903 Month Dec Day 23 Years 76 Months — Days —
Sex Female Color or Race Colored - Birth-place

Married, Single
or Widowed



Occupation

Name of Wife or
Husband



Father's
Name



Father's
Birthplace

Mother's
Maiden Name



Mother's
Birthplace

Name of person giving
Information

Miss - Brooks.

How related
to deceased

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Cancer of Womb

How long

3 years

Immediate

Exhaustion

How long

+

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

J. S. Maymon

17 Leonard St. W.

Accident or Suicide



Name
in
Full

Jeremiah Mohler					CERTIFICATE OF DEATH	
Town		County				
Died at Montue Hospital		Frederick			MARYLAND	
Date of death 1903	Month Dec	Day 19	Age 78	Years	Months	Days
Sex Male	Color or Race White -	Birth-place X				
Married, Single or Widowed Single	Occupation Carpenter					
Name of Wife or Husband						
Father's Name John Mohler	Father's Birthplace Frederick					
Mother's Maiden Name Hibshew	Mother's Birthplace u a					
Name of person giving information Amos Downty	How related to deceased Agent					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Gangrene of foot

How long

3 Mos

Immediate

Inhalation

How long

-

Are the name, age, sex, color, date and place correctly given above?

J.S.

Signature of Physician

Address

S. S. Megrard.
17 Broad St W.
Frederick Md.

Accident or Suicide?

Buried at Mount
Oliver Cemetery
Dec 20th 1903

G. G. Gandy
F.D.

Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

E.P.O. W. Mulhern

CERTIFICATE OF DEATH

Died at	Town	County		MARYLAND		
Date of death 1903	Month	Day	Years	Months	Days	
Sex	Color or Race	Age	Occupation	Birth-place		
Married, Single or Widowed	Marrd.		Friedens Md.			
Name of Wife or Husband	Sally Philips					
Father's Name	John Mulhern		20	Father's Birthplace	Friedens Md.	
Mother's Maiden Name	T.		Mother's Birthplace			
Name of person giving Information	Mrs. Mrs. Mulhern		How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Chronic Bright Disease

How long

Six months

Immediate

Drugs

How long

6 mos.

Are the name, age, sex, color, date and place correctly given above?

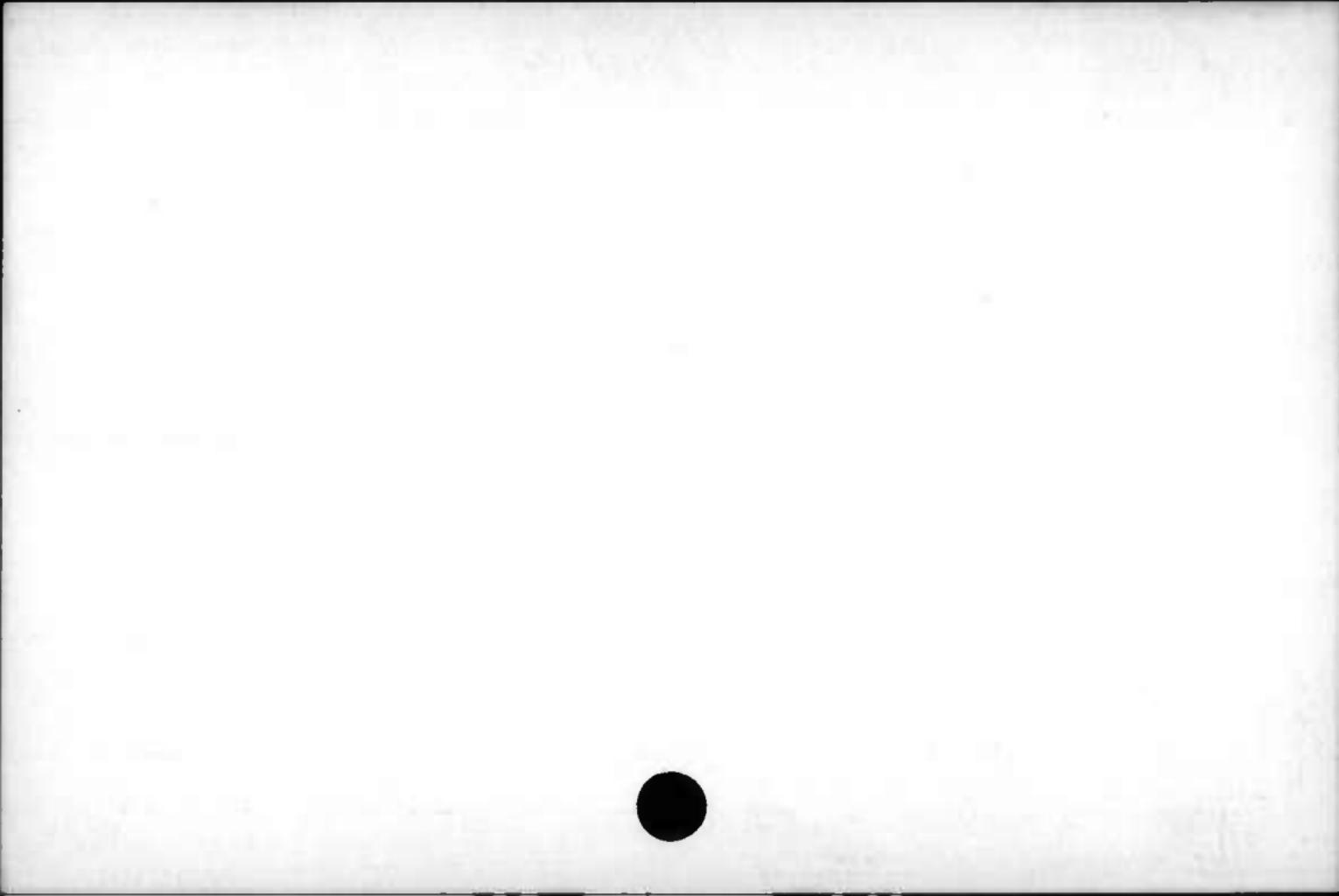
Signature of Physician

J.S. Magrord

Address

17 Franklin St.
Friedens Md.

Accident or Suicide?



Name
in
Full

Thomas P. Mullinx

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at Frederick		Town	Frederick		County	MARYLAND	
Date of death 1903	Month 12	Day 18	Age 60	Years	Months	Days	
Sex Male	Color or Race	White	Birth-place	Frederick Co.			
Married, Single or Widowed	Occupation		Telegraph Operator				
Name of Wife or Husband	Mary Burns						
Father's Name	Thomas Mullinx		Father's Birthplace	Frederick Co.			
Mother's Maiden Name	Isabella Paisley		Mother's Birthplace	Frederick Co.			
Name of person giving information	Wife		How related to deceased				
CAUSES OF DEATH							
Primary	Myelitis		How long	?			
Immediate	Exhaustion		How long	?			

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Dr. C. C. Lauer

Frederick Md

Accident or Suicide?

As the author notes,

“I am not

Name
in
Full

William Henry Myers.

CERTIFICATE OF DEATH

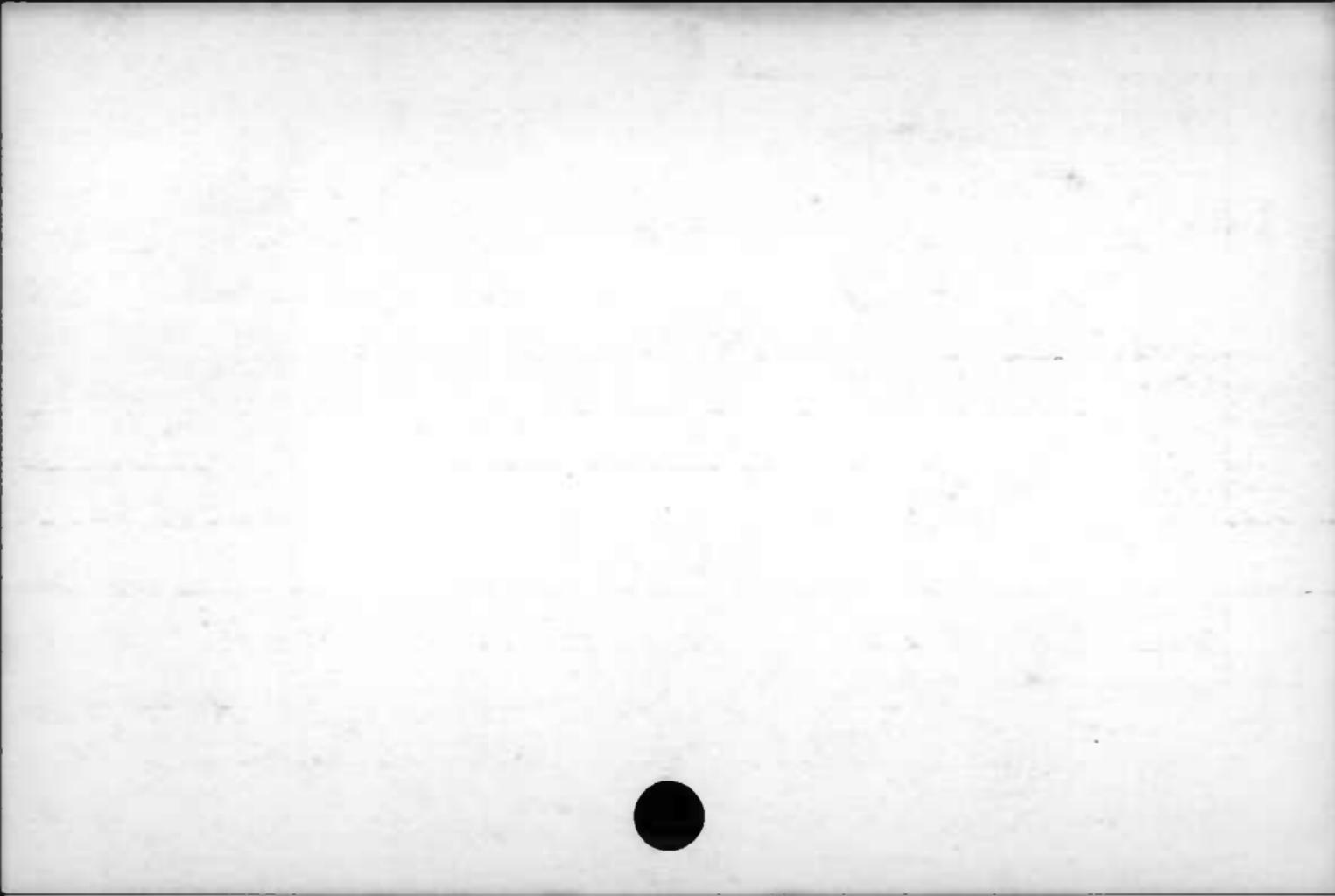
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1903	Month Dec	Day 16	Years Age as reported	Months	Days 3
Sex Male	Color or Race White	Occupation Leather.	Birth- place Fred 60		
Married, Single or Widowed	Widower				
Name of Wife or Husband	Rosanna Brightmire				
Father's Name	Zacariah Myers		Father's Birthplace	Not Known	
Mother's Maiden Name	Insanna Locker		Mother's Birthplace	Not Known	
Name of person giving Information	Stephen D. Myers. Son		How related to deceased	Son.	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Heart Disease	How long	For some years
Immediate	Heart Failure	How long	Sudden
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	J. Thomas Siv.
So far as known		Address	Levity town Md.
Accident or Suicide? Not			



Name
in
Full

Infant of Clarence & Mary Page

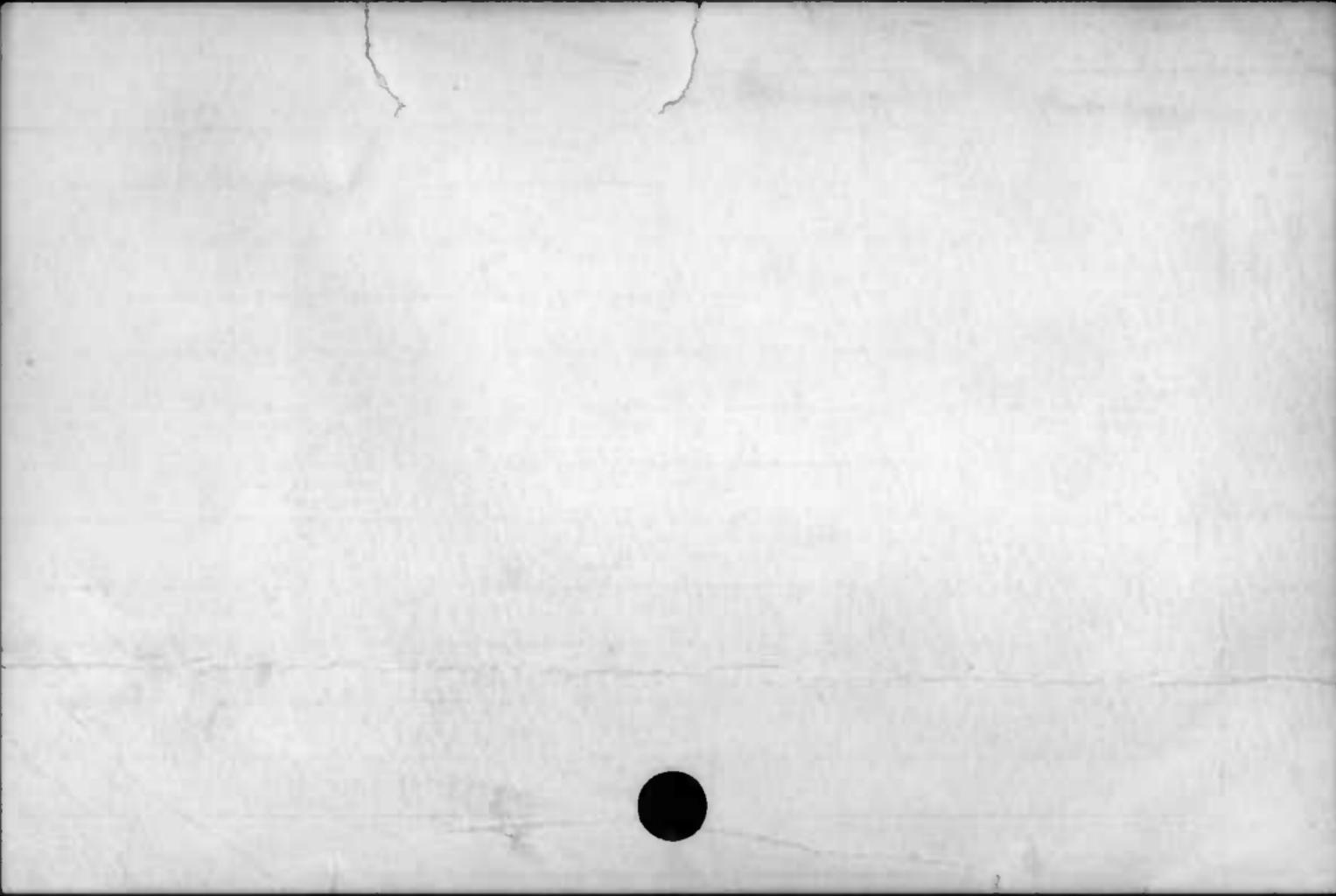
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Died at		Town	County		MARYLAND		
Died at	Inoerwille		Frederick				
Date of death	1903	Month Dec	Day 23	Age	Years —	Months —	Days 17
Sex	male	Color or Race	white		Birth-place	3rd.	
Married, Single or Widowed			Occupation				
Name of Wife or Husband							
Father's Name	Clarence Page				Father's Birthplace	Pa	
Mother's Maiden Name	Mary Magne 15				Mother's Birthplace	Va	
Name of person giving information	Mary Page				How related to deceased	Mother	

CAUSES OF DEATH

Primary	Prematurity birth	7 months	How long	
Immediate	In anoxia		How long	
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	
			Address	
Accident or Suicide?		Lemish Frederick Md.		



Name
in
Full

Mary E. Poole

CERTIFICATE OF DEATH

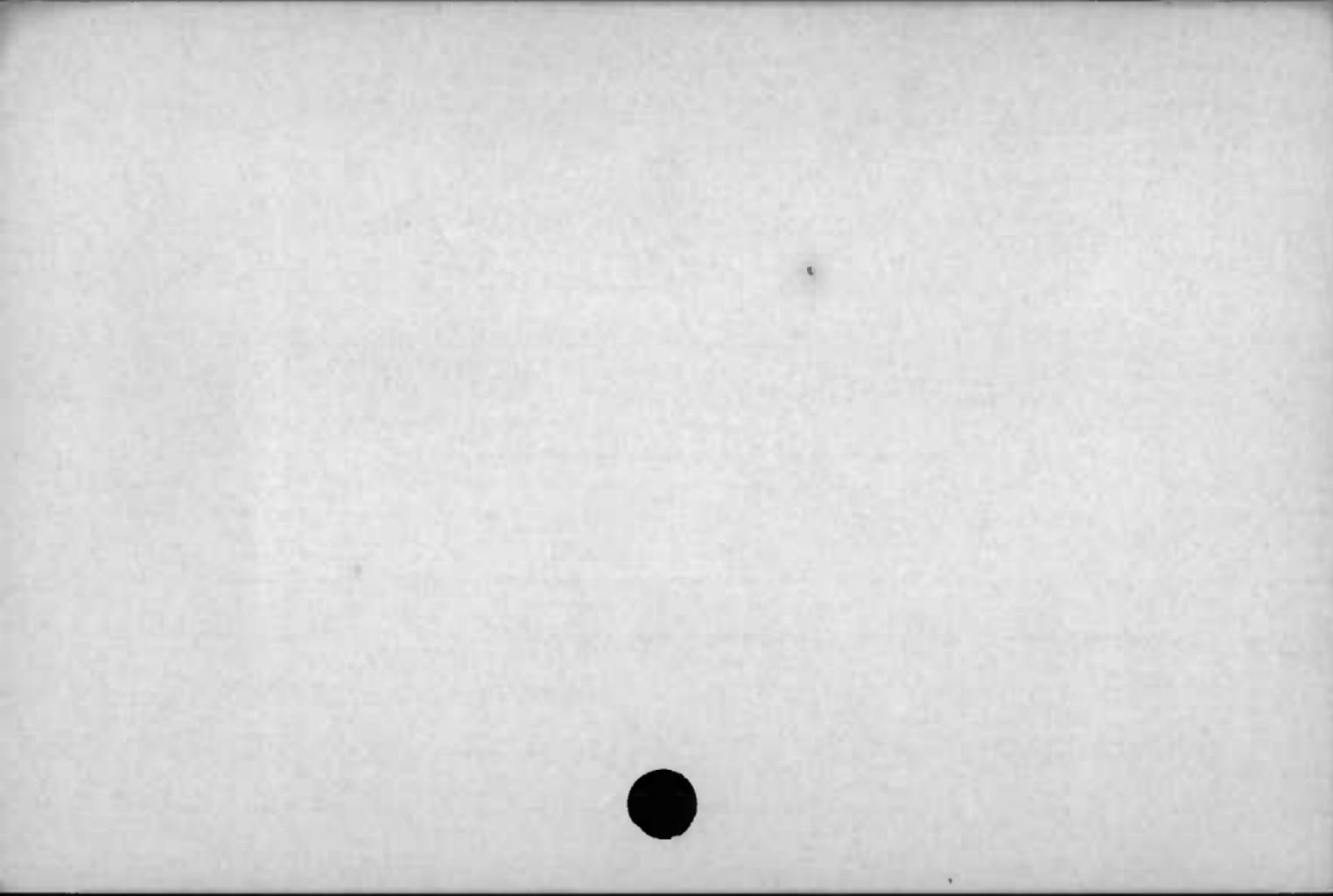
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County			MARYLAND	
Died at	Fredensrk.	"				
Date of death	Month	Day	Years	Months	Days	
1903	12	5	70	3	17	
Sex	Female	Color or Race	White	Birth-place	md	
Occupation	Where Residing if not at place of death			29. Water St		
Married, Single or Widowed	Name of Husband	Mary E. Poole				
Father's Name	John J. Engle			Father's Birthplace	md	
Mother Maiden Name	Elizabeth Hahn			Mother's Birthplace	md	
Name of person giving information	Husband			How related to deceased	—	

CAUSES OF DEATH

Primary	Chronic Rheumatism		How long	15 years
Immediate	Pneumonia		How long	4 days
Are the name, age, sex, color, date and place correctly given above?	Yps	Signature of Physician	John J. Engle	
		Address	Fredensrk, md	
Accident or Suicide?				

PHYSICIAN
OR CORONER



Name
in
Full

Beatrice Cordelia Porter

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1903	Month 12	Day 21	Years 1	Months 4	Days 8
Sex Female	Color or Race white	Occupation none	Birth- place Maryland		
Married, Single or Widowed Single					
Name of Wife or Husband					
Father's Name Wm S Porter	Age 83		Father's Birthplace W. Va		
Mother's Maiden Name Hannah Nurnberger			Mother's Birthplace Md		
Name of person giving Information Clifton Porter			How related to deceased uncle		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Pneumonia	How long 1 week
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician Address El Horine Brunswick Md
Accident or Suicide? no	

15-102
16-102 $\frac{3}{5}$

Name
in
Full

Guy Marrian Price

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND	
Died at	Brunswick	Frederick			
Date of death	Month	Day	Years	Muntns	Days
1903	12	2	2	3	11
Sex	Male	Color or Race	white	Birth-place	Md
Occupation	Name	Where Residing if not at place of death			
Married, Single or Widowed	Single	Name or Wife or Husband			
Father's Name	George F. Price	93		Father's Birthplace	Va
Mother's Maiden Name	Barney P. Snapp			Mother's Birthplace	Va
Name of person giving information	George F. Price			How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Pneumonia

How long

2 day

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

H. H. Hedges

Brunswick

Accident or Suicide?



Name
in
Full

Mosyn Estelle Redman

CERTIFICATE OF DEATH

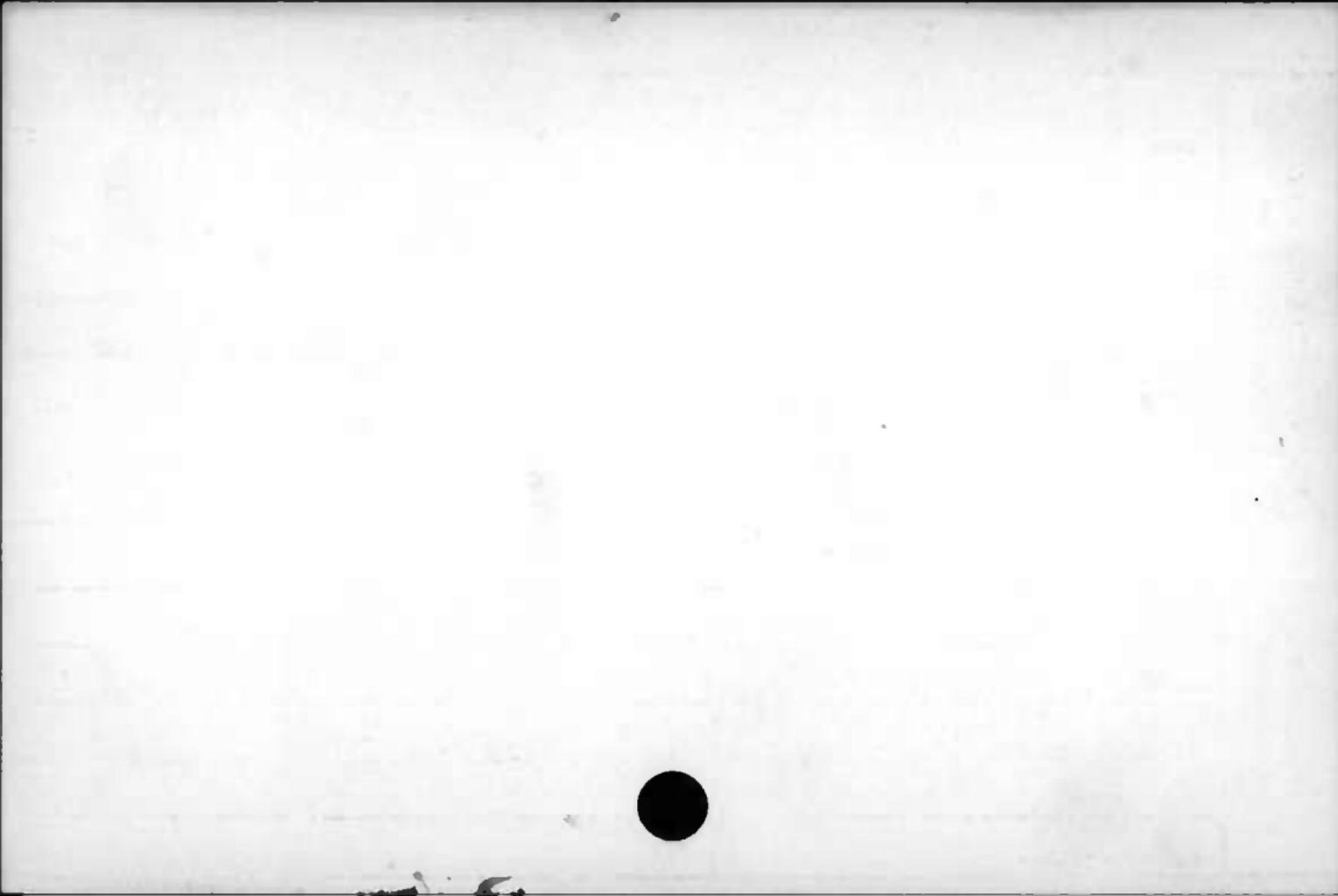
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 190	Month	Day	Years	Months	Days
3	Dec	9th	-	5	20
Sex	Female	Color or Race	White	Birth-place	Md
Married, Single or Widowed	Occupation				
Name of Wife or Husband					
Father's Name	A. R. Redman			Father's Birthplace	5th
Mother's Maiden Name	Mathilda Philippo S.			Mother's Birthplace	Md
Name of person giving information	A. R. Redman			How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Whooping Cough	How long	1 mo
Immediate	Adenopis	How long	2 hours
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	Leon Tracy	
	Address	Frederick Co.	
Accident or Suicide?			



Name
in
Full

James W. Reed

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Town Died at	Frederick			County	Frederick	
Date of death	Month	Day	Age	Years	Months	Days
1903	12	22	2		6	22
Sex	Male	Color or Race	White	Birth- place	Md	
Occupation	X	Where Residing if not at place of death			X	
Married, Single or Widowed	X	Name or Wife or Husband	X			
Father's Name	Frederick A. Reed			Father's Birthplace	Md	
Mother's Maiden Name	Mattie E. Haffen			Mother's Birthplace	Md	
Name of person giving Information	Frederick A. Reed			How related to deceased	Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Double Pneumonia		How long	1 week
Immediate	Cyanosis		How long	.
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	W. J. Fordell MD
			Address	Frederick,
Accident or Suicide?		no		



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

John Ringgold				CERTIFICATE OF DEATH			
Died at Date of death 1903		Town Month Dec	County Day 28	Frederick		MARYLAND	
Age 65		Years	Months	64		Days	18
Sex Male	Color or Race white	Birth-place Germany					
Married, Single or Widowed Name of Wife of Husband	Occupation Married	Farmer					
Father's Name John Ringgold	Father's Birthplace Germany						
Mother's Maiden Name Nancy Neary	Mother's Birthplace "						
Name of person giving Information Nancy Ringgold	Now related to deceased Wife						

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary Organic heart disease	How long Several years
	Immediate Heart failure	How long "
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician J.W. Goodenow, M.D.
		Address Castle Bldg, Frederick
Accident or Suicide?		

Interment at Middletown

" Dec 3^d St,

A T Rice Son's.

Name
in
Full

Wm E Rumpf.

CERTIFICATE OF DEATH

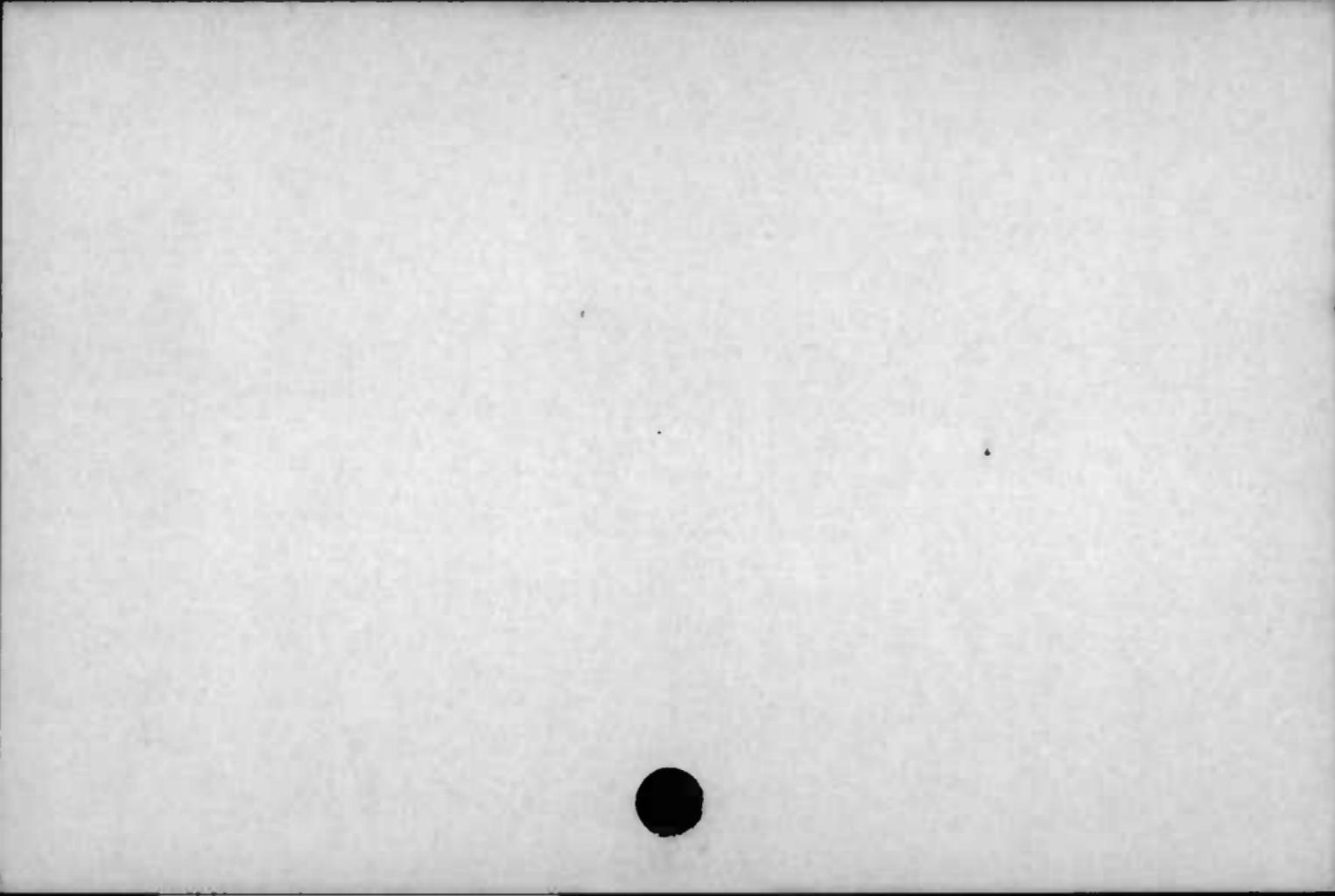
TO BE ANSWERED BY
NEAREST FRIEND

Town	County	
Frederick	Frederick	
Died at	Month	Day
Frederick	Dec	16
Date of death	Years	Months
1903	13	4
Age	Days	
Sex	Color or Race	Birth-place
Male	white	Frederick
Occupation	Where Residing if not at place of death	
— Nothing	At home	
Married, Single or Widowed	Name or Wife or Husband	
Single	none	
Father's Name	Father's Birthplace	
Wm H Rumpf	Frederick	
Mother's Maiden Name	Mother's Birthplace	
Elizabeth M Esterly	Frederick	
Name of person giving Information	How related to deceased	
Elizabeth Esterly	Mother	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long	
Parenchymatous Nephritis	2 years	
Immediate	How long	
Cardiac Asthenia	Few days	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	Address
Yes	LaBreck M.D.	17 E 2nd St
Accident or Suicide?	Frederick	



Name
in
Full

Benjamin Americus Smith

CERTIFICATE OF DEATH

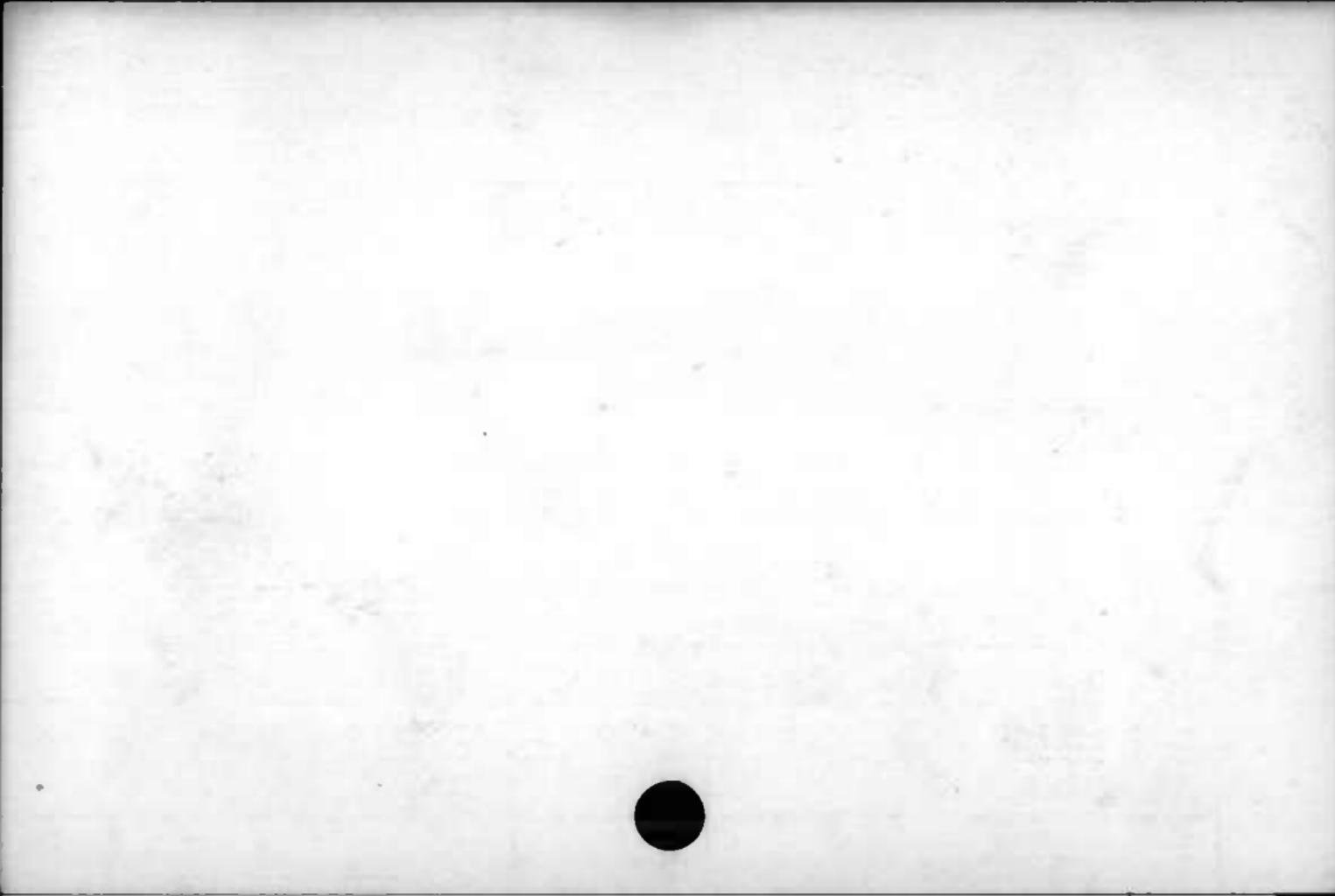
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 190	Month	Day	Age	Years	Months
Sex	Color or Race	Birth-place	Days		
Married, Single or Widowed	Occupation	Laborer			
Name of Wife or Husband					
Father's Name				Father's Birthplace	Don't know
Mother's Maiden Name				Mother's Birthplace	" "
Name of person giving information				How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Heart Disease	How long	Don't know
Immediate	Asthma	How long	Several weeks
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	J. V. Hoffmeyer M.D.	
	Address	Frederick, Md.	
Accident or Suicide?			



Name
in
Full

James A. Smith

CERTIFICATE OF DEATH

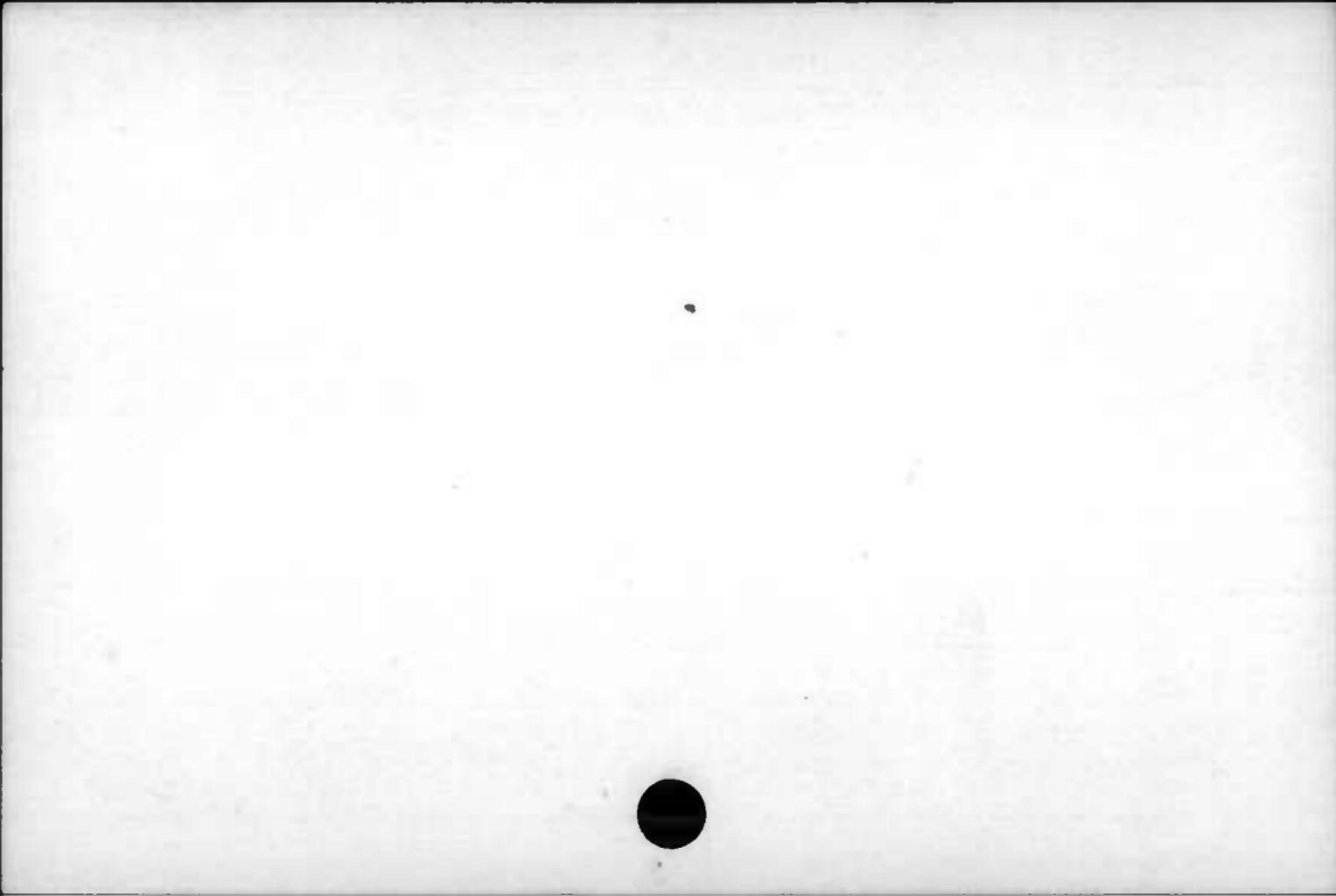
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
of death 1903	Month	Years	Months	Days	
	Dec.	29	61	2	27
Sex	Color or Race	Age	Birth-place		
Male	white	61	Fredrick Co.		
Married, Single or Widowed	Occupation				
Married	Labour				
Name of Wife or Husband	Catherine Keller				
Father's Name	John Smith				
Mother's Maiden Name	Pearl				
Name of person giving Information	M. R. Etchison (Undertaker)				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Intestinal Nephritis	How long	Do not know
Immediate	Uraemic Coma	How long	Two days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	L. W. R. Dunn,
Yes		Address	Jefferson, Md.
Accident or Suicide?			



Name
in
Full

William Dutino Smith

CERTIFICATE OF DEATH

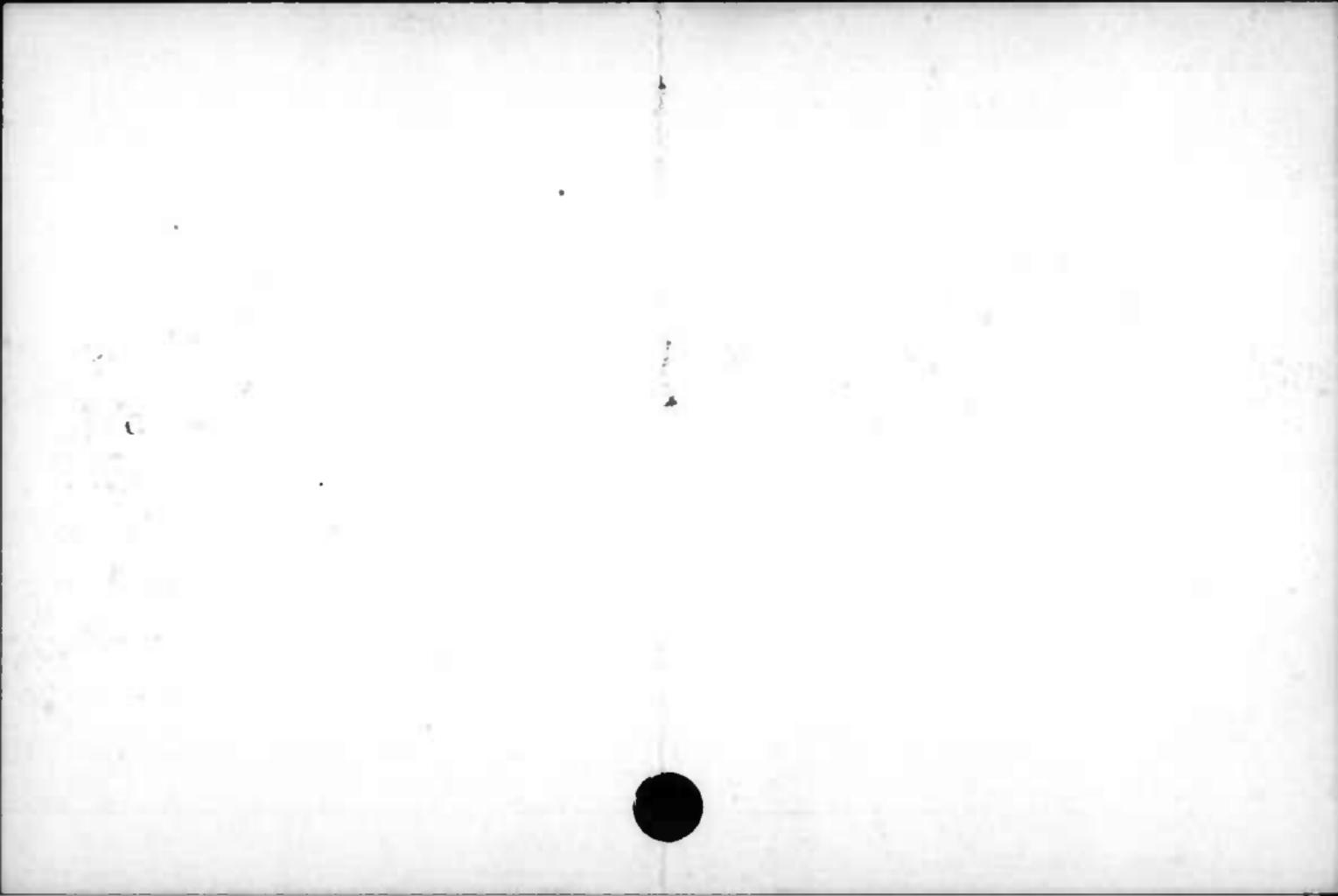
To BE ANSWERED BY
NEAREST FRIEND

Died near	Town	Baltimore		County	Baltimore	
Date of death 1903	Month 12	Day 7	Age 8	Years	Months 3-	Days 27-
Sex Male	Color or Race	White		Birth-place	Co -	
Married, Single or Widowed		Occupation	None			
Name of Wife or Husband	Howard L. Smith		3	Father's Birthplace	Co	
Father's Name	Howard L. Smith		6	Mother's Birthplace	Co -	
Mother's Maiden Name	Miss. Leua Thomas			How related to deceased	Father	
Name of person giving information	Howard L. Smith					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Infantile Paralysis -		How long	Since Birth
Immediate	Exhaustion (Asphyxia) died suddenly -		How long	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Donald Buchanan Agent	
Was life urine of physician		Address	Baltimore City	
Accident or Suicide?	Up Phys was summoned.		Md	



Name
in
Full

Savilla Williams -

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County	MARYLAND		
Date of death 1903	Month Dec	Day 25	Age 90	Years	Months	Days
Sex Female	Color or Race	Colored		Birth- place		
Married, Single or Widowed	X	Occupation		X		
Name of Wife or Husband	X					
Father's Name	X			Father's Birthplace	1	
Mother's Maiden Name	-	X3.		Mother's Birthplace	1	
Name of person giving Information	-			How related to deceased	t	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Old age & cancer of breast

How long

Don't know

Immediate

Plaster

How long

t

Are the name, age, sex, color, date
and place correctly given above?

t

Signature of
Physician

Address

S. S. Hayward

17 Second St

Accident or Suicide

